Cruise Control
Accessible vehicle options grow
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!

Precautionary health procedures will be in place at the Expo. Stay safe, everybody!
The Paralyzed Veterans of America (PVA) Disaster Relief Grant Program is available to PVA members suffering financial hardship resulting from natural disasters. During the current novel coronavirus (COVID-19) pandemic, Paralyzed Veterans of America leadership has opened the Disaster Relief Grant Program to qualified applicants who are experiencing hardship directly related to the unexpected impact of the COVID-19 virus.

Possible financial hardship resulting from the impact of COVID-19 includes funds needed to purchase medical supplies normally provided by the Department of Veterans Affairs but that are now limited as a result of supply rationing or any additional costs directly resulting from changes in your health care protocol because of the impact of COVID-19. Qualified applicants must provide documentation illustrating the direct financial burden resulting from COVID-19 and complete the Disaster Relief Grant Application on pages 7–8 of this issue of PN.

To assist requesters in the distribution of relief funds, members must comply with the following accountability procedures:

1. Funds will only be provided to PVA members.

2. A maximum of $1,500 per individual or family will be granted. Each application must be evaluated for need. Maximum disbursements will not be made in all cases.

3. Funds may be used for transportation, temporary shelter, food, modifications for accessibility, prosthetic appliances and medical supplies. The funds will not be provided if other assistance has been provided to pay for the items in the request (insurance, FEMA, etc.). Funds will also not be approved to clean up, fix or replace damages not related to the veteran’s primary dwelling.

Applications can be received by the PVA chapter or the national service office. Once an application is received, it is to be reviewed by the chapter president or designee and the national service officer (NSO). All applications require the approval of the chapter president or designee and the NSO.

After approval from the chapter and national service office, the application is to be faxed to the associate executive director of the Veterans Benefits Department for final approval. Include all estimates and receipts. Disbursements exceeding $1,000 must have verification that the assistance requested is valid (inspection by PVA, etc.).

In cases where the NSO and chapter disagree regarding approval, or either is not available, the application will be faxed to the attention of the associate executive director of the Veterans Benefits Department for final decision.

All original documentation will be forwarded to the associate executive director of Veterans Benefits for accounting and review purposes. Copies of applications are to be maintained in the PVA chapter offices.

A copy of the Disaster Relief Fund Application can be found on pages 7–8 or PVA.org/COVID-19.
ON THE COVER
Jose Hernandez of Texas is pictured with his Chevrolet Silverado Z71 conversion by ATC. Photo courtesy of ATC

FEATURES

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Brittany Martin
Options are opening up for drivers who want more than the traditional accessible van.

28 Advocating Accessibility
Paralyzed Veterans of America
Government Relations staff
The ADA celebrates 30 years this month, and from its beginning to today, PVA has played a key role in ensuring access for people with disabilities.

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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 pnonline.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.

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“[It’s outside, it’s healthy. It’s a forever learning hobby, and I feel like those are the ways to keep going.]”  
— Virginia Rose
The Americans with Disabilities Act (ADA) turns 30 this month.

In my column last month (Gratitude, p. 10), I mentioned Paralyzed Veterans of America pioneer Patterson Grissom, who was injured in World War II, and how when we first met, he looked at me like I was clueless. This is another testament to how true to that was.

I had been injured for nine months when this landmark legislation was passed and have enjoyed the ADA’s protections my entire disabled life. It’s amazing to learn about the effort that went into getting the ADA passed, what’s been accomplished and what needs more work. You can read all about that in Advocating Accessibility on page 28.

Elsewhere in this issue, we found some great ideas if you’re looking for a new vehicle. There are options out there that are somewhat outside the realm of what has traditionally been thought of as an accessibility market. I hope you find something that stirs your imagination and gets you excited in What A Ride on page 22.

There’s plenty more to read about this month, and we hope you enjoy all the great content in this issue.
Disaster Relief Form

Full Name: ____________________________________________

Street Address: ________________________________________

City: ___________________________ State: _______________ Zip Code: ____________

Phone: ________________________ SSN: __________________ (no dashes)

Second point of contact or location where you can be reached:

_____________________________________________________

PVA Member: Yes ☐ No ☐

PVA Chapter (if member): _________________________________

Are you service-connected: Yes ☐ No ☐

Branch of service: ______________________________________

Nature of disability:

_____________________________________________________

Name, address, and phone number of insurance company:

_____________________________________________________

Reason assistance is required (check all that apply):

Accessibility Modifications ☐ Temporary Shelter ☐ Prosthetic Appliances ☐

Transportation ☐ Medical Supplies ☐ Food ☐

Please attach on a separate sheet an explanation of the damages sustained from the natural disaster and an itemized list of the cost of damages to include expenses paid for replacement items, i.e., cost of repairs to roof, food expenses, etc. Also include the following statement:

I certify that the assistance requested is the result of ________________, and that I am not receiving reimbursement of expenses from other sources. If funds are received (from insurance, etc.) to cover loss, I will reimburse PVA. By signing this application, I authorize agents of Paralyzed Veterans of America to independently verify the truth of the statements I have made both on this application and orally during the application process. I also understand that any misrepresentation of material fact may result in the voiding of my eligibility for funds. I understand that such misrepresentation will require me to reimburse Paralyzed Veterans of America the funds given to me.

Signature of Applicant: _________________________________ Date: _____________
Disaster Relief Fund
Member Application

APPLICATION MUST BE SIGNED BY THE CHAPTER PRESIDENT AND NATIONAL SERVICE OFFICE.
Chapter/President/Designee Approving: ____________________________

National Service Officer Approving: ____________________________

PVA OFFICIAL - Briefly describe how assistance was verified (i.e, pictures, visited applicant’s residence, etc.):


PVA OFFICIAL USE ONLY
Approved □  Denied □  Amount Approved □ ___________  Date ________

Approved By _______________________________
Associate Executive Director, Veterans Benefits Department

SPECIAL INSTRUCTIONS

1. Complete this form.
2. Tear out and submit to your PVA Chapter or PVA National Service Office (PVA Chapter roster can be found on page 12 and the National Service Office roster on page 40).
3. Upon approval from the Chapter and National Service Office, the application will be faxed to the Associate Executive Director of the Veterans Benefits Department for final approval.

Be sure to visit the Paralyzed Veterans of America website for more information on COVID-19 www.pva.org/covid-19/
Remember to contact your PVA chapter for information on what’s happening in your local area.
Opening Up

July is upon us, and cooped up people are ready to bust out of their lockdown situations and re-enter their former lives before the novel coronavirus (COVID-19) pandemic.

While healthy, young people seem to be growing less fearful and worried about the virus, the opposite is true about the spinal-cord injury and disease (SCI/D) population until a vaccine becomes available. We will need to be aware of the risks and dangers of COVID-19 and adjust on the fly, as our local areas and the world slowly or rapidly open more.

Remember, our SCI/D population will not mirror the general population as it opens again. Our compromised lungs and other health issues will cause our population’s opening to lag behind, quite possibly until we can get vaccinated.

Think of people with asthma who are warned to stay indoors on a high-pollution day. Our population may have to do the same as COVID-19 flares up and the need for personal protective equipment (PPE) such as face masks, gloves and alcohol wipes carries on for the foreseeable future.

There’s one area during the last several months of this pandemic that gives me concern for SCI/D veterans — the hyperfocus on the virus and the slow reopening of outpatient and elective care within Department of Veterans Affairs (VA) hospitals.

I fear health screenings for cancer, heart disease and other serious health issues that would have been caught during annual exams or other outpatient visits may have been overlooked during this shutdown. Pressure sores and infections may have worsened, too, and there may be some confusion about what to do.

I can’t stress enough that if you have a serious health issue, don’t wait for the VA to reopen. Be your best advocate and demand to be seen somewhere, if not at a VA medical center. Make that call to your health care provider. Be adamant about your needs and work with your Paralyzed Veterans of America national service officer. Again, be your own best advocate for your health care needs in these uncertain times.

If you don’t have a plan for COVID-19, I suggest you make one now in case you, a family member or caregiver contracts the virus or even another illness. Make sure all involved understand what to do in that event. If you rely on caregivers, make sure a backup plan is in the works and understood by all involved.

Make sure you have enough PPE for everyone involved in your life and care. A vaccine is on the horizon, but we must remain vigilant until it becomes available to us.

I will end with three things I tell members, staff and the public when talking in webinars, meetings or to groups during this COVID-19 pandemic we are all in:

1) Think safety first
2) Know your surroundings
3) Make smart and safe decisions
The Paralyzed Veterans of America’s (PVA) 74th Annual Convention took place May 26–29, and for the first time in the organization’s history, this meeting wasn’t held in a face-to-face format at a physical location.

Safety concerns for the PVA Board of Directors, along with travel and other restrictions being imposed because of the novel coronavirus (COVID-19) pandemic, forced the organization to hold this essential meeting in a virtual format via Zoom video conference.

The Zoom meeting platform was used to conduct basic essential business, but it did present limitations in comparison with what has been the customary and normal personal interaction.

Staring at a computer screen for hours on end in a video conference certainly allows decisions to be made, resolutions to be debated and voted upon, and important information to be disseminated.

However, what I, and I know others missed, was the opportunity to lean over and ask the person sitting next to you, “What do you think of that?” A virtual convention also doesn’t allow for the incredible amount of business that’s accomplished outside of the formal meeting. Discussions in the hallways or over dinner are truly where the bulk of decision-making has traditionally taken place.

With all that being said, the PVA Executive Committee and members of our national staff delivered enlightening updates. I was particularly struck by our communications department’s ingenuity in getting the word out about the unique challenges and dangers faced by the PVA membership during this pandemic.

Resolutions

The first order of business to be tackled by the board was the adoption of special rules of order to ensure fair and reasonable processes for everything from voting to what to do if you are disconnected from the meeting for some unforeseen reason. Once the ground rules were in place, it was off to the races.

Seven resolutions were formally submitted for consideration during the convention, with the following five of them passing:

20-M-1 - Spouses/Caregivers Committee
Submitted by the PVA Executive Committee
This resolution expanded the eligibility of membership on the committee to include caregivers of chapter board members.

20-M-2 – Volunteer Award Presentation Changes
Submitted by the PVA Executive Committee
This resolution amended the Dwain Taylor Award for Voluntary Service in regard to the
presentation of the award. Repeat recipients of the award who were presented their plaque in person at a previous PVA Annual Convention will now be presented the award by the chapter president or a national vice president at a chapter meeting or event.

20-M-4 – Clarifying Chapter Audit Submission Verbiage Submitted by the PVA Executive Committee
This resolution amended the chapter reporting requirements to provide clarity on document specifics and the manner of submission to the chief financial officer.

20-M-5 – Chapter Newsletters/Quarterly Reports Submitted by the PVA Executive Committee
This resolution amended the delivery requirements for chapter newsletters.

20-M-7(S) – Chapter Sports Grants Submitted by the PVA Gateway Chapter
This resolution amended the criteria for chapters to receive sports and recreation grants.

Elections
The election of PVA national officers is always a highlight of our annual convention and is usually the culmination of a week of politicking in the host hotel and surrounding restaurants.

The politicking surely took place, but it also had to adapt to a new and different approach.

The votes were cast into the virtual abyss and when the bytes settled, the results were:

- President: David Zurfluh was re-elected to a fourth term
- Senior Vice President: Charles Brown
- Vice Presidents: Hack Albertson, Robert Thomas, Tammy Jones, and Kenneth Ness
- Treasurer: Tom Wheaton
- Secretary: Marcus Murray

Congratulations to all and as editor, I look forward to working with each of you in the coming year.

Thank You, Ladies & Friends
At the close of the meeting, PVA Secretary Marcus Murray made the motion that we, the Board of Directors of PVA, direct the PN editor to publish in a conspicuous place at an appropriate time the following:

“With sincere appreciation and gratitude of the Paralyzed Veterans of America, to the ladies and the friends of PVA, without whose help and support we could not have accomplished all we have this week.”

Budget
One really big piece of business that the board decided was too much to handle in this virtual convention was the budget.

The board opted to steal a trick from Congress and passed a continuing resolution of sorts to postpone this hugely important task until they could meet face-to-face later this fall in Orlando, Fla.

Next Year
Next year’s convention will be the 75th and is scheduled for May 18–22 at the iconic Golden Nugget Hotel in Las Vegas.

I hope by then the only thing virtual about the convention will be in the casino gaming area.
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<td>1311 Lindbergh Plaza Center St. Louis, MO 63132</td>
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<td>800-621-9217</td>
<td>706-796-6301</td>
<td>314-427-0393</td>
<td>800-505-4782</td>
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<td>602-244-9168</td>
<td>706-796-6338</td>
<td>314-427-4183 (fax)</td>
<td>605-336-0494</td>
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<td>Vaughan PVA</td>
<td>Great Plains PVA</td>
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<tr>
<td>3801 Miranda Ave., Bldg. 101, Rm. A-219, Mail Code 816 Palo Alto, CA 94304</td>
<td>2235 Enterprise Dr., Ste. 3501 Westchester, IL 60154</td>
<td>7612 Maple St. Omaha, NE 68134-6502</td>
<td>VAMC, Rm. 2D100 1030 Jefferson Ave. Memphis, TN 38104</td>
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<td><a href="http://www.caldiegopva.org">www.caldiegopva.org</a></td>
<td>800-727-2234</td>
<td>402-398-1422</td>
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<tr>
<td>888-963-6595</td>
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<td>800-857-6540</td>
<td>1 Veterans Dr. SCI-Room 238 Minneapolis, MN 55417</td>
<td>1113 Main St. Pittsburgh, PA 15215-2407</td>
<td>336 Campbells Creek Dr. Charleston, WV 25306</td>
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<td>412-781-2659 (fax)</td>
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<td>412-781-2659 (fax)</td>
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An Example For Others

As a combat-wounded paraplegic from the Vietnam War, my wife, Jackie, and I were deeply touched from reading about caregiver Lindsey Stacy in the May issue of PN (Staying Strong, p. 31).

This retired lieutenant of Marines salutes Senior Chief Petty Officer Kenton Stacy for his courage, endurance and service on behalf of freedom.

The story of a couple working as a team, facing the unknown together, never dreaming such a life-changing experience could happen is an example for others to learn from.

As a veteran who also has a caregiver, we have not had to endure all the difficulties that the Stacys face daily. There is no doubt in my military mind this outstanding couple will overcome any and all obstacles before them.

It is a pleasure and honor to read of such heroes as the chief and Mrs. Stacy. Our only wish for them would be for us to be able to support them in a way other than a few words of “God bless your family.”

Thanks for a job well done, chief and Mrs. Stacy. Should there ever be a desire to communicate with another caregiver, a fellow veteran or just someone concerned about a brother, please do not hesitate to contact us (snobird2@mchsi.com). Semper fi.

John “Jack” & Jackie Rine
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Fox Parade

Almost two dozen vehicles packed with well-wishers formed a parade in late May to pay honor to former Paralyzed Veterans of America (PVA) National President Joseph Fox Sr. Minivans, motorcycles, fire trucks, sports cars and other vehicles decked out with thank-you signs, American flags and PVA placards made two passes by Fox’s home May 21 in Murrieta, Calif.

The “One Home Thank You Parade” for Fox was organized by the PVA California and Cal-Diego chapters to thank Fox for everything he has done for people with disabilities over the past 50 years. Vehicles were spaced out, and many people wore face masks to follow social distancing guidelines amid the novel coronavirus (COVID-19) pandemic.

A Marine Corps veteran, Fox was diagnosed with stage four stomach cancer in May. He opted to spend the remainder of his time in hospice care at home to be with his family and Hilda, his wife of 50 years.

Sustaining a spinal-cord injury in combat during the Vietnam War, Fox has served PVA at the chapter and national levels for more than 40 years. He was elected PVA national president in 2000 and was the first person to serve four terms in that role.

Hilda was presented with the 2007 Speedy Award (nonmember) for her years of service to PVA, especially at trapshooting events. Fox was honored with a Speedy Award (member) the next year.

Sadly, PN learned that Fox passed away in early June just before press time. More on Fox’s life and service to PVA will be featured in PN’s August issue.

NVWG at Home

This month’s traditional National Veterans Wheelchair Games (NVWG) may have been called off, but that doesn’t mean the Games aren’t taking place.

The 40th NVWG were set to take place July 3–8 in Portland, Ore., but the novel coronavirus (COVID-19) pandemic forced organizers to cancel those plans earlier this year.
However, in late May NVWG co-sponsors, Paralyzed Veterans of America (PVA) and the Department of Veterans Affairs, announced the 2020 NVWGapathome program.

Set to take place July 12–17, the NVWGapathome is a virtual form of the event, where participants can take part in a limited number of sports either at home or in their local neighborhood.

Normally, the NVWG includes roughly 19 sports, but the NVWGapathome program has been pared down to seven.

Events include the following individual competitions, as well as a team contest, with social distancing guidelines strongly suggested:

- Disc golf
- E-sports (Rocket League)
- Cascade Cup (adaptive fitness)
- Butler Cup (team event)
- Air rifle
- 30-day cycling challenge
- 5K (cycle, walk or roll)

Additionally, three online educational seminars will be presented during the NVWGapathome, including Outdoor Adventure Programs, Introduction of Adaptive Sports in a Seated Position for Veterans with Vision Loss and Concussion Management. A mobile application has been created, and registration was to close on June 15. More information on the NVWGapathome was set to be announced after PN press time in early June.

For more information, visit crowd.cc/nvwgathome.

**Vollmer Passes**

**Longtime Paralyzed Veterans of America (PVA) employee Doug Vollmer passed away in Washington, D.C., May 29. He was 74.**

Vollmer retired in 2014 after serving more than 35 years as PVA’s national legislative director and associate executive director of Government Relations.

As one of the senior leaders at PVA, he created an environment for his subordinates that encouraged creative thinking, individualism and productive teamwork. He was the anchor for 15 national presidents over the years and developed hundreds of congressional testimonies while representing PVA at the White House, on Capitol Hill and across the country.

Because of his tireless advocacy on behalf of PVA and its members, he was awarded the PVA Speedy Award (nonmember) in 2015.

Commissioned in the Navy in May 1968, Vollmer went on to serve with the River Patrol Force and was a liaison to the Special Forces in Vietnam. He then spent 20 months serving on the staff of the assistant chief of staff for intelligence for the Pacific Fleet.

Originally from Toledo, Ohio, Vollmer and his wife, Scottie, were married for nearly 50 years and have one son, Zachary.
Hotel Accessibility Must Be Improved

Although the novel coronavirus (COVID-19) pandemic has disrupted the way Americans travel, many of us look forward to being able to once again hit the road for business or pleasure.

For many people with disabilities, travel is one of the greatest pleasures in life. Until the passage of the Americans with Disabilities Act (ADA) in 1990, however, finding a comfortable, accessible place to stay on one’s journey wasn’t guaranteed.

The Standards

Covered under the ADA’s Title III, the hotel industry represents one of the largest categories of public accommodations in the United States. These businesses can be global corporate organizations or small, local mom-and-pop-run motels.

The ADA doesn’t cover owner-occupied bed and breakfasts with five or fewer rooms to rent. However, if there are four or more units on the ground floor, a property may be covered under the Fair Housing Act’s accessibility rules.

Under the ADA, hotels, motels, inns and other places of lodging designed or constructed after Jan. 26, 1993, must be usable by people with disabilities.

To meet this requirement, lodging facilities must comply with certain regulations published by the Department of Justice. These regulations contain detailed architectural requirements called the ADA Standards for Accessible Design.

These standards aim to ensure accessibility for individuals with a wide variety of disabilities, such as people who are blind or have low vision, people who are deaf or hard of hearing, people with limited use of their hands or arms, people who have mobility impairments and people who have a combination of disabilities. Thus, the standards include architectural requirements that cover a variety of different disability-related needs.

Lodging facilities must comply with all of the requirements in the applicable standards. And because a difference of inches, or in some cases, a difference of a fraction of an inch, can pose a serious safety hazard or result in the denial of access for guests with disabilities, full compliance with the standards is essential.

Barriers Still Found

Despite the ADA having been the law of the land for 30 years and the standards being fairly specific, barriers can still be found in many hotels.

Bed heights in wheelchair-accessible rooms are often too tall to allow an independent transfer. Beds on box frames prevent the use of Hoyer lifts to assist in transfers.

Room temperature controls and closet hangers are often placed too high, are outside of acceptable reach ranges or are blocked by other barriers, such as a chair or other furniture.

A new trend in hotels is to design bathrooms without a tub. Instead, tubs have been replaced with one-step showers. This limits access for wheelchair users who need access to a tub.

In addition, hotels aren’t always mindful of door pull weights, the thickness of the carpet and the need to eliminate random slopes in the parking lot, provide curb cuts at all entrances and properly stripe parking spaces.

All of these barriers can result in people with disabilities being unable to enjoy a hotel stay for work or vacation.

Legislation

Rep. Dina Titus (D-Nev.) has introduced legislation (HR 5412) that would require the National Council on Disability (NCD) to conduct a review with respect to the travel, tourism and hospitality industries regarding their ADA compliance.

The bill would also call on the NCD to produce a report on the progress in implementing standards related to accessibility of public accommodations and commercial facilities for people with a disability.

Paralyzed Veterans of America (PVA) has endorsed this legislation and is working to ensure its passage.

PVA also supports legislation that would help businesses with their ADA compliance requirements. The Disability Employment Incentive Act (HR 3992/S 255) would expand tax credits and deductions that are available for employers who hire and retain employees with disabilities and who make their places of business more accessible, including their internet or telecommunications services.

The Disabled Access Credit Expansion Act (HR 4045/S 2290) would also increase the tax incentives that help businesses with ADA compliance.

In the meantime, if people with disabilities encounter accessibility problems at a hotel, motel or inn, they should try to negotiate with the hotel to remove the barrier to ensure their stay is possible.

In the longer term, a person with a disability can file a complaint with the Department of Justice at ada.gov and/or file a private lawsuit in connection with encountered ADA violations.

Lee Page is PVA’s senior associate director of advocacy and has been part of PVA since 1990.
Birdability
Taking Flight

Birding, or birdwatching, isn’t just a casual pastime for Virginia Rose.

For the 61-year-old Austin, Texas, resident, who has a T10 level spinal-cord injury (SCI) from a horseback riding accident in Evergreen, Colo., when she was 14, it’s about empowerment, challenging herself and being at peace surrounded by nature.

But looking at the larger picture, Rose is using her love for birding to help create awareness about the accessibility of community parks and trails.

To that end, Rose and her two-year-old initiative called Birdability are gaining support from Audubon groups nationally, and she hopes to spread the message to other people with mobility impairments that birding can be a great way to stay active, both mentally and physically.

Getting Started

Although Rose says she’s a latecomer to birding, several of her family members, including her grandmother, Mary Patterson Rose, and younger sister, Cathryn Rose, preceded her in the hobby.

“My grandmother had watched birds for her whole life, and I do have very fond memories of her in her green leather jacket with her binoculars around her neck,” Rose says. “And when she died, she passed along her Peterson [Field] Guide to me with all her penciled comments in it, and of course that’s a treasure for me still.”

Rose started getting serious about birding at age 43 after attending a lecture she’d heard advertised on the radio. From there, she took all of the birding classes and field trips offered by Travis Audubon in Austin and began feeling more confident, physically stronger and independent.

“Committing to a field trip with 12 other people and not knowing if I can really do it is a little daunting. But time and time again, I would commit, I would go and I would figure things out,” she says. “And I think that’s so key as a person with mobility challenges, to continue to challenge yourself with things that may end up so empowering. If you don’t put yourself in a situation that may be difficult, you’re not going to achieve that accomplishment.”

The retired high school Advanced Placement English teacher is now on the Travis Audubon board of directors and has led bird walks for seven years. However, she often goes birding alone and has identified 35 sites in Austin where she can bird independently.

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In April 2018, the seed for Birdability was planted when Rose decided to do her own version of a birdathon, an annual fundraiser for Audubon.
chapters where participants see how many birds they can “get” in a certain number of hours. From dawn to dusk, she visited five accessible parks around Austin, wheeled 10 miles and counted about 52 bird species.

“I decided rather than try to keep up, and I will say some birders are really hardcore, OK, they’re like gunners, and I didn’t want to try to keep up with gunners because I bird differently,” she says. “I’m a slower birder. I’m very much more methodical, and I study when I observe. I don’t just see the bird and go. I study the bird so that I learn it. So, I decided I’m going to do my own darn birdathon.”

With the support of Travis Audubon, she’s been leading Birdability walks for people of all abilities once a month and is in the process of making it a 501c3 nonprofit.

“On one of my very first Birdability walks, where I had three other people in wheelchairs walking with me, they didn’t know each other, of course,” she says. “And so, I’m listening to them. I may be in front of them looking for birds, but also secretly listening, and I can hear them behind me discussing their various mobility challenges. I hear them talking about the clothes they have on. I hear them talking about the way to carry a coffee cup full of coffee. I hear them talking about their shoes. I hear them talking about ways to keep their feet on the foot pedals. I hear them talking about different kinds of backpacks. And my heart just lifted. I was like, ‘Oh my God, this is so much bigger than birds.’”

**Birding Access**

The National Audubon Society heard what Rose was doing and invited her to present at their convention in Milwaukee last July, where she connected with two geographic information system (GIS) experts, Elizabeth Todd and Ryan Hobbs with National Audubon Society’s Enterprise GIS team. Together, they built https://gis.audubon.org/Birdability, a crowdsourced and curated map of accessible birding locations, which launched March 12. They now have over 100 sites across the country and one in South America pinned on the map.

The site includes a survey loosely based on Rose’s list of access considerations for determining whether a birding site is accessible. The survey asks for information about the length, slope and surface of trails, accessible parking and curb cuts, ramps, gates, railing heights on boardwalks or bridges, steps, benches, viewing blinds and restrooms.

“These are not always perfect ADA [Americans with Disabilities Act] measurements. I really didn’t want to have to abide by those for a couple of reasons,” she says. “I’m so happy that we have these ADA guidelines, but if we are too dependent on them, then we are restricting ourselves with a tool that was meant to free us.”

Thanks to Rose’s blog (birdability.com) and National Audubon’s publicity, people from across the country have reached out to her about how they can start similar efforts in their local area. She’s dubbed 15 Birdability captains and communicates with them through regular emails and phone calls.

One co-captain is Bob Roarke, a 69-year-old retired physician who...
sustained a T12 level SCI in a climbing accident in Colorado at age 29. The Denver resident volunteers with Denver Audubon and is using some of Rose’s access considerations to assess birding hotspots in the metro Denver area for their own project, Birding Without Barriers. They’ve pinned four sites in Colorado so far and have a list of at least 30 other places for assessment.

“We’re just trying to carry on her [Rose’s] vision,” Roarke says. “She’s patient, persistent and positive. A real trailblazer, committed to inclusion and independence and very resourceful. This is like a full-time job she doesn’t get paid for. It’s just her thing. She’s really broken new ground, I think, for anyone, including vets, older people, younger people who have impairments that keep them from doing anything.”

Forever Learning
In addition to connecting Birdability walks with occupational and physical therapy departments at rehabilitation hospitals, Rose hopes to offer Birdability programming at camps for children with disabilities all over the country.

Her ultimate dream is to create mobility-challenged birding teams in each city across the country.

“Once we have those, then I can invite [for example] the Seattle team down to Austin for three nights. You guys can bird all of the places I’ve already found, and then you guys can reciprocate,” she says.

In the meantime, she’s learning how to bird by ear and spends at least 10 hours a week researching the finer points of identification in her bird books. While she’s seen at least 500 species, one bird she’d love to see is the elegant trogon, which lives in the mountains of southeast Arizona. She likens birding to fishing and finds joy in the mystery and not knowing exactly what she’s going to see on a particular day.

“It’s outside, it’s healthy. It’s a forever learning hobby, and I feel like those are the ways to keep going. Those are the reasons to get up,” she says. “If you have a forever learning hobby that you can practice every day without a ton of money and without a ton of travel, why would you not want that?”

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“Cell Pores” Discovery

Scientists have discovered a new treatment to dramatically reduce swelling after brain and spinal-cord injuries (SCI), offering hope to 75 million people worldwide each year.

The breakthrough in treating such injuries — referred to as central nervous system (CNS) edema — is thought to be hugely significant because current options are limited to putting patients in an induced coma or performing risky surgery.

SCI and brain injuries affect all age groups. Older people are more at risk of sustaining them from strokes or falls, while for younger age groups, major causes include road traffic accidents and injuries from rugby, football and other contact sports.

The high-profile example of retired Formula 1 racing driver Michael Schumacher demonstrates the difficulties physicians currently face in treating such injuries.

After falling and hitting his head on a rock while skiing in Switzerland in 2013, Schumacher developed swelling on his brain from water rushing into the affected cells. He spent six months in a medically induced coma and underwent complex surgery, but his rehabilitation continues to this day.

The new treatment, developed by an international team of scientists working at Aston University (United Kingdom), Harvard Medical School (United States), University of Birmingham (United Kingdom), University of Calgary (Canada), Lund University (Sweden), Copenhagen University (Denmark) and University of Wolverhampton (United Kingdom), is featured in the May edition of the scientific journal Cell.

Counteracting Swelling

The researchers used an already-licensed antipsychotic medicine — trifluoperazine (TFP) — to alter the behavior of tiny water channel “pores” in cells known as aquaporins.

Testing the treatment on injured rats, they found those animals given a single dose of the drug at the trauma site recovered full movement and sensitivity in as little as two weeks, compared to an untreated group that continued to show motor and sensory impairment beyond six weeks after the injury.

The treatment works by counteracting the cells’ normal reaction to a loss of oxygen in the CNS — the brain and spinal cord — caused by trauma.

Under such conditions, cells quickly become “saltier” because of a build-up of ions, causing a rush of water through the aquaporins, which makes the cells swell and exerts pressure on the skull and spine. This build-up of pressure damages fragile brain and spinal-cord tissues, disrupting the flow of electrical signals from the brain to the body and vice versa.

But the scientists discovered that TFP can stop this from happening. Focusing their efforts on important star-shaped brain and spinal-cord cells called astrocytes, they found TFP prevents a protein called calmodulin from binding with the aquaporins. Normally, this binding effect sends the aquaporins shooting to the surface of the cell, letting in more water. By halting this action, the permeability of the cells is reduced.

Traditionally, TFP has been used to treat patients with schizophrenia and other mental health conditions. Its long-term use is associated with adverse side effects, but the researchers say their experiments suggested that just a single dose could have a significant long-lasting impact for CNS edema patients.

Since TFP is already licensed for use in humans by the Federal Drug Administration and the United Kingdom’s National Institute for Health and Care Excellence, it could be rapidly deployed as a treatment for brain injuries. But the researchers stressed that further work would allow them to develop new, even better medicines based on their understanding of TFP’s properties.

New Hope

According to the World Health Organization, each year around 60 million people sustain a traumatic brain injury or SCI, and 15 million people have strokes. These injuries can be fatal or lead to long-term disability, psychiatric disorders, substance abuse or self-harm.

“Every year, millions of people of all ages suffer brain and spinal injuries, whether from falls, accidents, road traffic collisions, sports injuries or stroke. To date, their treatment options have been very limited and, in many cases, very risky,” says professor Roslyn Bill of the Biosciences Research Group.
at Aston University. “This discovery, based on a new understanding of how our cells work at the molecular level, gives injury victims and their doctors hope. By using a drug already licensed for human use, we have shown how it is possible to stop the swelling and pressure build-up in the CNS that is responsible for long-term harm.

“While further research will help us to refine our understanding, the exciting thing is that doctors could soon have an effective, noninvasive way of helping brain and spinal-cord injury patients at their disposal.”

Zubair Ahmed, PhD, of the University of Birmingham’s Institute of Inflammation and Ageing added that “this is a significant advance from current therapies, which only treat the symptoms of brain and spinal injuries but do nothing to prevent the neurological deficits that usually occur as a result of swelling. The repurposed drug offers a real solution to these patients and can be fast-tracked to the clinic.”

Mootaz Salman, PhD, a research fellow in cell biology at Harvard Medical School says this novel treatment offers new hope for patients with CNS injuries and has huge therapeutic potential.

“Our findings suggest it could be ready for clinical application at a low cost in the very near future,” he says.
Options are opening up for drivers who want more than the traditional accessible van.

Purchasing a new vehicle isn’t an easy choice for anyone, but for a long time, people with severe mobility impairments had very limited options — typically a choice between a couple of minivans.

That’s no longer the case, as accessible vehicle manufacturers have answered consumer demand for more freedom and choices, broadening their conversions to include an array of SUVs, trucks and crossovers.

“There’s need and there’s want,” says Trevor Jennings, director of partner relations for the National Mobility Equipment Dealers Association. “People need to be able to get around. They need to be able to live their life. They need to be able to go places on a daily basis and continue to be functioning members of society like anyone else, and I think what we’re seeing now is we’re starting to see this market get into more of the want. I think we’re seeing this market kind of start to get into how can we make our clients happier? How can we kind of polish off this industry in general and provide the things that people want, not just the things that they need, which I think is going to be really interesting to see that happen.”

Sporty Style

Steve Kitchin, who sustained a C6-7 level spinal-cord injury in 1999, helms one of those accessible vehicle manufacturers that’s working to effect that change.

He founded ATC conversion company (atconversions.com) in Raleigh, N.C., in 2009, and the company now does conversions and custom jobs on at least 50 different models, including half-ton, ¾-ton and 1-ton pickup...
trucks in two-wheel and four-wheel drive, full-size SUVs, such as the Cadillac Escalade, Chevy Suburban and GMC Yukon XL, and mid-size SUVs, such as the Chevy Tahoe, GMC Yukon, Chevy Traverse and Buick Enclave.

All of their vehicles are side-entry, and their trademark is a gull-wing door.

“Initially, we started doing that just to stay out of the rain,” Kitchin says. “Our guys with loading into their vehicles, and it was really led by people in the northwestern part of the United States, were wanting something that would provide a cover over them while they were loading into their vehicle, so we developed our own gull-wing system.”

The trucks and larger SUVs can be equipped with heavy-duty lift systems that allow someone to transfer into the original seat or stay seated in his or her wheelchair while being lifted into either the driver’s or front passenger’s side.

The mid-size SUVs, such as the Traverse, combine a ramp and a lift inside the vehicle, allowing people to park in tighter spaces. The floor drops down and becomes a ramp, which then closes up again and becomes part of the floor.

“It’s the same size or a little bit bigger than most of the minivans, and then you can drive into either the driver’s seat area or the passenger seat or you can be locked down in the middle, so it gives you the option similar to a minivan on where you can ride,” Kitchin says. “That’s
a real handy feature for people who want to switch from driver to passenger. The seats are on wheels, and they would come in and out, so it provides a lot of the same function the minivan does in that regard, but you still have a nice SUV that is probably a little more capable of going off road and stuff like that, and obviously people like the sporty design of an SUV versus a minivan.”

Kitchin says while trucks and SUVs may offer more power and versatility than vans, there are some trade-offs.

“Depending on the model of their wheelchair, they may not fit in every vehicle, so we have to look at specifically what size chair they’re in and what size they are,” he says. “Then, we can offer them different vehicles or variations of vehicles. Some of them we may have to modify a little bit more to get them in, but we do some extra customization to get people in exactly what they want to be in.”

Expanding Options

Two other accessible vehicle manufacturers, Vantage Mobility International (vantagemobility.com, VMI) and BraunAbility (braunability.com/us/en.html), have also entered the SUV market.

VMI sells the side-entry Honda Pilot with a manual, in-floor ramp, and BraunAbility unveiled its own side-entry Chevy Traverse conversion with an automatic ramp in March, which Monique McGivney, director of corporate marketing for mobility equipment supplier Ability Center, says offers more interior space than the company’s 2017-2019 Ford Explorers.

“Braun brought out the Ford Explorer conversion, but it was a smaller conversion and not a lot of people fit in it. So, it had a lot of excitement, but it had some flaws in it,” she says. “So, now that they’ve had a couple years to retool on the Chevy Traverse, they’ve made a lot of improvements. More people are going to be able to fit in it, so we’re really excited about that, to try and bridge that gap for people who are newly injured or just don’t want to drive a minivan and don’t have another option for adaptive equipment.”

For those who’d prefer a rear-entry SUV, Michigan-based Freedom Motors USA (freedommotors.com) offers a wide variety, including the Buick Enclave, Hyundai Palisade, Kia Telluride, Soul and Sorento, as well as the Chevy Traverse in rear- or side-entry. At February’s Los Angeles Abilities Expo, the company also debuted a spec model rear-entry Honda HR-V that garnered a great deal of interest, says Marketing Manager Rob Armstrong. He says the Telluride also has been very popular.
“It seemed like for a long time vehicles were very basic, and now it’s every year they’re trying to come up with better ways to make vehicles safer, assist the driver in basically driving itself.” — Steve Kitchin

“We haven’t been able to sell a lot because we haven’t been able to source them, but they sell as soon as we get them ready, basically,” he says.

While rear-entry vehicles have the benefit of being less expensive because there are fewer cuts that have to be made in the chassis, for the most part, they are meant only for transport because the driver and front passenger seats aren’t removable. There can be fewer seating options, although Freedom Motors’ conversions can be equipped with flip-down benches for additional passengers.

“With ours, we don’t touch the drivetrain or the power train or any of the electronic system, so for our vehicles, when you buy them, you’re actually getting the original mechanics of the car and the electronic systems that Kia or Chevrolet or whoever the make is, actually developed. We’re not moving those around or anything like that,” Armstrong says.

But beyond manufacturers’ adaptive equipment, McGivney says dealers can provide a variety of after-market customizations, too, such as the BraunAbility Turny Evo rotating transfer seat.

“It can be put on a number of vehicles — SUVs, trucks, driver, passenger,” she says. “And it comes out of the vehicle and goes down to the ground, so somebody can just transfer on it, and then it lifts them back up into the vehicle. But somebody has to have the upper body strength to be able to transfer for them to be independent in that solution. And then we can put hand controls and then a lift in the bed of the truck that lifts the wheelchair or scooter into the bed of the truck.”
The Future

Jennings says, overall, accessible vans remain popular because of their interior space and simply because they’ve been around longer.

“There are so many things that go into the interior room of folks being able to navigate around internally, and the SUVs are just newer. We’re not there yet,” he says. “The manufacturers in that space are working on it, and I promise whatever they come out with next, they’re going to be working to make that their top priority, I’m sure.”

Electric and hybrid technology hasn’t quite hit the truck and SUV market yet, but Kitchin says it’s coming.

“One of the things we’ll have to adjust to is the amount of power, electrical power, that runs through those is a lot higher when you have a gas engine, so we’ll have to learn to deal with that power as they start to come out with those more and more,” he says.

In November 2017, Revability, which was acquired by VMI, announced it was making a rear-entry hybrid on the Chrysler Pacifica, the first of its kind in the mobility van market.

“So, typically, the battery placements are under the floor on the hybrid and on the electric vehicles,” Jennings says. “So, then the issue when you want to do a conversion is you’ve got to figure out how to safely move and relocate those batteries, which is very challenging when you think of how much they weigh. Where is safe placement?”

And with Toyota’s decision to make all of its 2020 minivans hybrids, conversion companies now must face that engineering challenge. McGivney says Toyota provided VMI and BraunAbility with 2020 vans and wants both manufacturers to launch their conversions at the same time.

“That is what a lot of people have been asking for, but it comes at a price tag,” she says. “And with Fiat Chrysler [Automobiles] discontinuing the Dodge Grand Caravan, there really is no lower price point minivan or accessible vehicle options from a new perspective, so that could be a barrier to entry. There’s just no low-cost minivans really going to be converted after 2020.”

Kitchin says the biggest challenge for accessible vehicle manufacturers, though, is keeping up with all of the changes in the new vehicle market.

“One of the obstacles we had recently was the addition of aluminum to vehicles,” he says. “… The GM trucks we do on the assembly line, they changed their doors to...
aluminum to help lower the weight in the vehicles. And so, working with aluminum in addition to working with steel, that took us a little time to figure out how we were going to weld those doors together, because it’s a totally different process, and still have the strength. Aluminum bends a lot easier than steel, so we had to overcome that using the aluminum doors.”

Kitchin says the number of computer systems and electrical components, including new airbag systems and driving technology, such as lane change alerts, backup cameras and forward crash avoidance, adds another layer of complexity.

“It seemed like for a long time vehicles were very basic, and now it’s every year they’re trying to come up with better ways to make vehicles safer, assist the driver in basically driving itself,” he says. “So, with all these little add-ons that they do, we’ve got to figure out ways to continue making it work. And so, I think the future is just going to be more and more of that.”

Jennings says it’s going to be fascinating to see what happens with autonomous vehicles.

“As that comes to fruition, I think it’s going to provide more options for folks in chairs,” he says. “It’ll provide more accessibility. I think they will have more vehicles that are available to them, so I think that’s an industry that is certainly of interest to us.”

McGivney hopes in the future there will be a tipping point from a cost perspective.

“With the new technology in the vehicles, that adds costs to the converters to convert the vehicles because you’re putting technology on technology,” she says. “And the cost of vehicles are going up and then the cost of the conversions are going up, so my hope for the future is whatever we’re doing that we have some options for costs for consumers because we don’t want to be an industry that’s cost-prohibitive or barrier to entry and people can’t get our products. The good thing is with the industry being around for so long, there’s a lot of used options for consumers.”

Freedom Motors USA converts the Kia Soul as a rear-entry vehicle.
The ADA celebrates 30 years this month, and from its beginning to today, PVA has played a key role in ensuring access for people with disabilities.

by Paralyzed Veterans of America
Government Relations staff

This month marks a major historic milestone for the Americans with Disabilities Act (ADA) — its 30th anniversary.

Signed on July 26, 1990, the ADA ensures the civil rights of people with disabilities to fully reintegrate into their communities and workplaces after acquiring a life-altering disability. This year, Paralyzed Veterans of America (PVA) celebrates the positive impact the ADA has had on society and people with disabilities, while also acknowledging that more remains to be done to fully realize the ADA’s purpose.

In keeping with PVA’s mission to advocate for the rights of its members as people with disabilities, the organization was an early supporter of the ADA when it was first introduced.

In 1988, the ADA sought to provide a clear and comprehensive mandate for the elimination of discrimination against people with disabilities.

PVA joined more than 80 other members of the Consortium for Citizens with Disabilities (CCD) in endorsing the act.

Their joint message stated, “The Americans with Disabilities Act is a declaration that this country opposes unfair biases and unnecessary barriers restricting the opportunities of 43 million Americans in our land of opportunity.”
The House & Senate

Under the sponsorship of then-Sen. Tom Harkin (D-Iowa), who reintroduced the legislation in 1989, the bill made its way through the Senate during the first part of the 101st Congress. It passed the Senate in September 1989 after a fierce lobbying effort by PVA and other advocates.

Then-Sen. Orrin Hatch (R-Utah) threatened to offer an amendment to exempt all small businesses with 25 or fewer employees from the ADA. If accepted, this would have absolved 90% of small businesses from the law’s accessibility requirements. The late-Sen. Jesse Helms (R-N.C.) also threatened a filibuster.

PVA fired off the late-20th century equivalent of an email alert to its leadership via Western Union Mailgram to encourage advocates to urge Senate cosponsors to hold firm to their commitment to the ADA and not weaken the bill with negative amendments.

Several PVA members also testified before a number of congressional committees about their lives as people with disabilities and the need for the ADA. Then-PVA National Vice President Perry Tillman III testified before the Senate Labor Committee about returning from the Vietnam War with a spinal-cord injury (SCI).

“I went to Vietnam like a lot of other young men to fight for our country’s ideals — freedom and the ability to become whatever we dreamed of becoming … when I came home, I found out that what I fought for applied to everyone but me and other handicapped people,” Tillman testified.

Tillman told the committee PVA supported the ADA “because we know firsthand what it is like to be denied access to theaters, restaurants, buses and places of business and employment simply because a doorway is too narrow or an entrance has steps … I have fought since my injury to regain my rightful place in society. I ask that you now join me in ending this fight and give quick and favorable consideration to the Americans with Disabilities Act in order to allow all Americans, disabled or not, to take part equally in American life.”
Meanwhile, in the House, PVA member Peter Adesso spoke of the indignities he suffered as a veteran with a SCI before the Judiciary Committee.

Adesso told the committee that when he went to use a public swimming pool, the parks commissioner barred him from the facility, saying, “It’s not my fault you went to Vietnam and got crippled.” He also told the committee about a time he tried to dine out at a local restaurant and was asked to leave because he presented “a fire hazard.”

Adesso concluded by telling the committee that “I received a Purple Heart, a Combat Action Award and Vietnamese Cross of Gallantry. Although I am very proud of these honors, they are no substitute for the freedoms that I lost to achieve them.”

Resistance
The turn of the decade dawned and saw the push for the ADA heat up in the House. The legislation had already passed the Senate and was stuck in four House committees — the Judiciary, Energy and Commerce, Transportation and Ways and Means.

PVA’s lobby effort coincided with the work and guidance of the CCD Rights Task Force. There was almost unanimous participation among the CCD member organizations.

The Rights Task Force convened a meeting once a week on Capitol Hill to update the members and outline the advocacy strategy. Afterwards, the lobbying committee went on Capitol Hill visits with the coordinated message and dropped off relevant materials.

Getting the legislation through the House was quite a challenge, even with the backing of major groups like the Chamber of Commerce, which had endorsed the ADA and was actively lobbying for it.

The National Federation of Independent Business was opposed to it. Many Republicans were also wary of the ADA as an “unfunded mandate” and had concerns that the law would provide protections for individuals such as alcoholics and people with HIV/AIDS. A common refrain against including the latter group under the ADA was how could they be employed as waiters (food handlers) on the assumption that customers would catch the disease. Helms sent a letter to PVA in September 1989 in which he noted, “The sponsors would not provide the Senate with comment on the budgetary impact of the bill, nor could they assure the Senate that the bill was not a vehicle to get AIDS legislation and homosexual rights in the back door.”

The transportation industry balked, too. Greyhound fought the requirements that buses would have to be fitted with lifts, and Amtrak was given 20 years to comply with the ADA, which it ultimately failed to meet.
When the legislation finally passed out of the committee and came up for debate in the House, PVA and other advocacy organizations went and camped out in the Capitol and lined the hallways to make sure the representatives saw disability advocates before they voted.

In the end, the House passed the ADA with 403 members in favor and only 20 opposed. A conference committee quickly addressed the differences between the House and Senate versions, and the bill was passed by both the House and Senate and sent to the White House.

**Passage**

PVA staff and members were at the White House signing ceremony on July 26, 1990.

The ADA’s promise was encapsulated in President George H.W. Bush’s statement — “Let the shameful wall of exclusion finally come tumbling down” — as he prepared to sign the historic civil rights legislation. Since that time, many barriers that previously prohibited people with disabilities from fully participating in their communities have been removed.

PVA has continued to be an active ADA supporter. It has been involved in efforts to both strengthen the ADA and to safeguard it from those who would seek to dismantle its protections.

Most recently, PVA helped lead efforts to prevent passage of legislation that would have required a person with a disability to notify a business with architectural barriers about the specific section of the law violated before the person could file a lawsuit enforcing his or her civil rights.

PVA was concerned about this legislation because it would have removed any incentive for businesses to proactively comply with the law. Instead, businesses could have avoided compliance, knowing that they would face no legal consequences.

The anniversary of the ADA’s passage provides an important opportunity to highlight the work that remains to be done to fulfill the ADA’s promise. Looking to the next 30 years, PVA wants to see increased compliance with the law. Despite the threat of a lawsuit, too many businesses continue to ignore the ADA’s physical access requirements. PVA members report regularly encountering barriers in hotels, transportation and other aspects of society.

As PVA has for nearly 75 years, the organization will continue to be fierce advocates for accessibility to ensure the civil rights of its members are protected and enforced.
It’s Your Break

When the Paralyzed Veterans of America and National Wheelchair Poolplayers Association Billiards Tournament Series hopefully returns later this year, participants could be getting some big help from a tiny device.

Seth Hills and Nicole Shuman, two rehabilitation experts at the Hunter Holmes McGuire VA (Department of Veterans Affairs) Medical Center in Richmond, Va., have developed a rolling bridge device that helps those with disabilities play billiards. The VA has applied for a patent, which was filed Dec. 26, 2019.

“It’s basically a wheel that you can attach to your pool stick, so you can shoot pool one-handed,” Hills says.

A Big Hit

Shuman, an adaptive sports recreational therapist who works with veterans in peer groups to help integrate them back into the community, came up with the original prototype — meant for veterans who have paralysis on one side of their body or the use of only one arm.

She made the bridge out of a little wooden toy train and a strap of leather and placed it on a pool cue. This allowed the user to roll in a straight direction and hit the ball steadily.

The invention helped and became popular, with more and more veterans requesting pool bridges. However, it was time-consuming to create, and Shuman ran into an issue where the leather strap was wobbly and the wheel base too narrow, limiting the stability of the roll.

“We didn’t realize it was going to be such a big hit at first,” Hills says. “She [Shuman] had maybe two or three patients at first, at the time.”

So, Shuman came to Hills for help. They worked together to simplify the materials, using nylon and carbon fiber instead. They changed the design to accommodate cheaper hardware and make it easier to assemble.

They also found that in some of the earlier designs, the wheel didn’t quite clip onto the cue as easily as they would have liked.

“It was an iterative process,” Hills says.

Making Adjustments

Hills and Shuman also made product adaptations to allow users to shoot from close to the table or from a longer range.

In billiards, there are some cases when players want to get a closer shot, requiring the cue and bridge to be on the other side of the table.

The initial design didn’t have enough clearance for a billiard ball. With that in mind, Hills and Shuman made other versions to accommodate specific situations. They also made a tackier wheel surface, allowing users to run the wheel along the upper outside edge of the table. And perhaps the most helpful improvement of all was using a 3D printer to replicate the rolling bridge, so they didn’t have to make each one individually.

“We didn’t want to have to fabricate a bunch of toy trains with leather straps,” Hills says. “We had design software to be able to model up a replacement. Once you have a design that works well, you just hit print. It’s nice because it’s hands-off production. We can use
This rolling bridge device costs approximately $10 and helps people with disabilities play billiards.

Seth Hills and Nicole Shuman, two rehabilitation experts at the Hunter Holmes McGuire VA (Department of Veterans Affairs) Medical Center in Richmond, Va., developed this rolling bridge device to help those with disabilities play billiards.

our time better elsewhere while it’s being printed. It also has better materials than if we could do the arts-and-crafts approach.”

Each device costs approximately $10. More than 20 veterans at the medical center are currently using the product.

“It doesn’t seem like a huge number, but for what we do here for assistive tech, that’s one of the higher-use devices,” Hills says.

Regained Confidence

The small device has had a powerful effect on veterans like Malik Jones.

An accident during his U.S. Navy deployment in 2017 in Virginia Beach, Va., left him paralyzed on the left side of his body and with a traumatic brain injury. Jones was told he wouldn’t be able to walk again and couldn’t do many of the activities that he used to enjoy with his active lifestyle, such as Crossfit, lifting weights and snowboarding.

However, three years later, Jones is walking and rock climbing again. Part of the Servicemember Transitional Advanced Rehabilitation Program at Hunter Holmes McGuire, the 22-year-old says he regained the confidence to climb and do other activities by using the bridge to play billiards.

“It was the first thing that made me realize that there’s more than one way to do things,” Jones says. “It was pretty big for me.”

For Jones, billiards is a way he and other veterans at the facility can pass the time with an activity that’s therapeutic.

“IT’s like a math game on the table,” Jones says. “It’s a strategy game. It looks simple, but it’s a lot harder. It’s a challenge. And I get to beat people. I’m competitive.”

Hills and Shuman have shared the invention with other VA facilities in hopes it will catch on beyond Richmond and even to the everyday user.

“We would love to have this available for folks who are outside of the VA,” Hills says. “Hopefully, somebody will be able to pick it up and market it to the general public.”
Every Day Is A New Normal

I just realized that I’m a widow. I’ve felt like two people for 42 years.

My husband, Glenn, was diagnosed with multiple sclerosis (MS) when our son, Jack, was a baby. Now, our son is 42. Glenn could never carry Jack, teach him to play ball or take him hunting. Everything, it seems, was and has been my job. As a result, I’m able to care for myself, and that has made me strong.

The Beginning

The Army called on Glenn in 1967. It was the Vietnam War, and all young men were being drafted.

He was one of those willing to serve his country and suspended his electrical training to join the service. Glenn went to boot camp and served at Fort Meade in Maryland. However, when he was sent to Fort Lewis (Joint Base Lewis-McChord) in Washington, he literally missed the boat to Vietnam.

Glenn served as a finance clerk there until being discharged in 1969. I say that because his MS was connected to his military service, even though his symptoms were sometimes far between and undiagnosable. Those episodes were recorded and determined to be service-related.

He was recognized by a Paralyzed Veterans of America (PVA) national service officer (NSO) when he was first diagnosed with MS. The NSO assisted in getting Glenn information and benefits from the Department of Veterans Affairs (VA), and Glenn became a lifetime member of PVA. The articles in PN magazine were most educational and supportive of his disease.

We began dating after his discharge. He bought a 1969 Chevrolet Chevelle SS, which I still have, so I could sit beside him on the bench seat. We married in 1971. Glenn was a journeyman electrician, and I taught junior high and high school math. He had to retire in the early 1980s, but I continued to teach.

Jack was born in 1978 and didn’t think of his father as disabled. That was natural to him. Glenn’s diagnosis was hard to pinpoint since there weren’t MRIs at that time. He had advice, including from doctors, to take vitamins and build up strength. His strength would first give out when his legs would cause him to stagger and fall. Later, he had to get a wheelchair, even though he just looked at it, hoping it wasn’t needed.

Within four years, both legs were useless, and that was a diagnosis the VA recognized. Glenn got a power wheelchair with a joystick, but the joystick eventually had to be moved to the nondominant hand. His MS had become primary progressive, meaning there were no acute relapses or remissions.

A few years later, Glenn started using a sip-and-puff wheelchair, which I think made him look like late actor Christopher Reeve, who played Superman, and he really was super in my book.
He stayed alert in helping raise Jack and gave me pointers on how to fix anything. Glenn once talked me through putting in ceiling fans and running some wiring. I balked when he encouraged me to change the oil in the Chevelle. But I tried it — once.

Friends & Family
Our home was made accessible with a grant from the VA. We had a primary care VA team who would come to our home. Home-based primary care was wonderful with doctors, nurses, therapists, social workers, dietitians and a psychologist.

They became friends who kept Glenn out of the hospital unless necessary. His hospital stays were few and were usually for respiratory infections.

Glenn’s time in his wheelchair gave him a chance to meditate, record lists for me to do, talk on the phone, plan our everyday life and watch TV.

He didn’t get out much but was content staying home. Our friends didn’t have accessible housing, so people would visit us.

Glenn could control the thermostat, TV, phone, radio, lights and the door opener with a sip-and-puff device.

He enjoyed watching birds, squirrels and an occasional critter that would come close to the window. His main enjoyment was listening to audiobooks.

Glenn’s greatest achievement was making sure our son grew up with a good education and knowledge of our Lord. He would talk to anyone who came by about his relationship with Jesus Christ.

I did everything for Glenn, including shaving, feeding, dressing and bowel and bladder care. The last 12 years were the most difficult in that he had a tracheostomy and a feeding tube that required attention almost every hour. It was a good thing I had retired from teaching.

He lost the strength to talk much, so I interpreted his conversations. I always knew what he was thinking, so that was easy. I read lips a lot in his last days.

What He Asked For
Glenn enrolled in the hospice program in late 2019 when he was 72. He seemed like his old self, just needing constant oxygen.

He enjoyed a wonderful Christmas with Jack and his family. Watching the four grandkids seemed to be a closure for him in his mind. New Year’s Eve came with watching the ball drop in New York City on television.

Then this past March, Glenn helped celebrate my birthday with a cowboy skit my sister, Nedra, and I put together. She was so helpful in his caregiving and loved doing this for family and friends.

Glenn died peacefully March 28 with lung failure from late-stage MS. Because of the novel coronavirus (COVID-19) pandemic, we were glad he was at home and not in a hospital.

Family and community friends did a drive-by memorial at our house the day before his service. About 50 cars drove by and overwhelmed us with signs of love and comfort. Only a graveside service with social distancing was allowed.

But that was what he always asked for, and he got what he wanted. The service was simple, humble and with his loving family and close friends.

I plan to move forward and rely on my faith and the love and support of family and friends. I will be strong and live with God’s grace.

Now, I’m ready for another new normal.
Abilities Expo Postponed

Abilities Expo organizers announced in mid-May that the Chicago Abilities Expo scheduled for July 10–12 has been postponed until next year because of the novel coronavirus (COVID-19).

Originally scheduled to take place in June, the expo was pushed back a month as a result of the state’s stay-at-home orders. However, the continuing crisis forced organizers to postpone the event until June 25–27, 2021.

They had previously postponed both the New York Metro and Toronto events from May to Aug. 14–16 and Oct. 2–4, respectively.

“As we consider the safety and well-being of our attendees, exhibitors, staff and hotel personnel, we are forced to follow the governor’s order and postpone the Chicago Abilities Expo to June 25–27, 2021,” the organizers say in a press release.

“We know how much the Chicagoland disability community looks forward to and depends on the annual Abilities Expo to bring you the latest products, services and information.”

For updates, visit abilities.com.

 SCI & Mental Health

In a new study, published in Mayo Clinic Proceedings, researchers from Michigan Medicine at the University of Michigan found adults with spinal-cord injury (SCI) are at a higher risk of developing mental health disorders, including depression and anxiety, compared to adults without the condition.

The research team examined insurance claims data for adults, both with traumatic SCI and those without the condition, enrolled in a health insurance plan for at least three consecutive years and their diagnosis of a mental health disorder. In particular, they found adults with SCI had a higher incidence of anxiety disorders (19.3% versus 14.1%), depressive disorders (29.3% versus 9.3%) and psychological multimorbidity, meaning more than two mental health conditions (37.4% versus 23.9%), as compared to adults without SCI.

“We also found that individuals with spinal-cord injury had an increased risk of developing other chronic diseases, including cardiovascular and pulmonary diseases, diabetes, liver disease, cancer, arthritis, circulatory conditions and electrolyte disorders,” says Mark Peterson, PhD, MS, FACSM, the Charles E. Lytle Jr. Research Professor in physical medicine and rehabilitation at Michigan Medicine and the lead author of the study. “Which makes sense, as patients with spinal-cord injuries have extreme sedentary behavior including prolonged bed rest after injury.”

Denise Tate, PhD, ABPP, FACRM, a professor of physical medicine and rehabilitation at Michigan Medicine and the senior author of the study, notes that much of the past research regarding SCI focuses on physical health outcomes. She says this study highlights the need for understanding this patient population’s mental health and clinical care needs, as they’re critical to overall quality of life and well-being.

“Clinicians caring for adults with spinal-cord injury need to be aware of the increased risk of developing mental health disorders in this patient population,” Peterson says.

Contributor: Kylie Urban, Michigan Medicine, University of Michigan

Rehab Guide Booklet

The Christopher & Dana Reeve Foundation, in collaboration with Shepherd Center in Atlanta, recently published Restoring Hope: Preparing for Rehabilitation After Spinal Cord Injury.

The booklet aims to help patients and families learn about spinal-cord injury (SCI), organize information, chart a path and choose a rehabilitation program.

The 44-page booklet includes sections with education on SCI, tips for getting organized for rehabilitation, information on how to compare and choose a rehabilitation center and a glossary of
commonly used terms in SCI rehabilitation. Clinical experts, including physicians, nurses and physical therapists, among others, from the Reeve Foundation, Shepherd Center and Geisinger Health contributed and reviewed the booklet.

Booklets are being distributed nationwide to case managers, social workers and others at trauma centers. The booklet is also available on Shepherd Center’s website (shepherd.org/patient-programs/spinal-cord-injury/choosing-a-facility) and on the Reeve Foundation’s website (s3.amazonaws.com/reeve-assets-production/Transition-To-Rehab-Booklet-4-10-20-FINAL.pdf).

The booklet is dedicated in memory of James H. Shepherd Jr., Shepherd Center cofounder and longtime chairman of the board of directors and chief of staff.

Inclusive Design Contest

The U.S. Department of Transportation (DOT) has opened Stage I of the Inclusive Design Challenge, a national prize competition seeking design solutions to make future automated vehicles (AVs) more accessible to people with disabilities.

Stage I of the challenge is open for submissions through Oct. 30.

The Inclusive Design Challenge seeks innovative design solutions that can enable people with physical, sensory and cognitive disabilities to use AVs to access jobs, health care and other critical destinations. During two stages of competition, teams will compete to earn a portion of a $5 million prize purse.

Teams from academic and research institutions, the business sector and technology companies are invited to submit entries. Solutions may include hardware or software ideas intended to enable independent use of AVs by people with disabilities.

Stage I of the challenge requests written proposals describing the design solution. Up to 10 semifinalists will be selected and awarded $300,000 each based on their proof-of-concept ideas. In Stage II, semifinalists will compete for a portion of the remaining prize purse by developing prototype demonstrations of their concepts. DOT anticipates awarding Stage II prizes in summer 2022.

As part of the challenge, DOT is also encouraging teams to seek input from the disability, industry and research communities. Understanding user needs and industry dynamics is critical to developing designs with the greatest potential for future impact. By ensuring that AVs are designed to be inclusive, DOT expects the challenge will help enhance future access to critical services, including medical care, for people with disabilities.

For more information on the challenge and how to participate, visit transportation.gov/accessibility/inclusivedesign.

Wheelchairs On Planes

The U.S. Access Board’s Committee for a Study of the Technical Feasibility of Wheelchair Restraint Systems in Passenger Aircraft held its second meeting in April via Zoom conference.

Meeting sessions explored the technical, engineering and certification challenges in the use of personal wheelchairs (manual and motorized) as a seat in passenger aircraft and the feasibility of addressing these challenges.

Speakers covered technical and engineering issues related to wheelchairs,
aircraft and wheelchair restraint systems. Each session consisted of question-and-answer periods with committee members.

Any technically feasible solution would have operational implications. And the committee will explore those implications as warranted in a subsequent meeting.

VA Virtual Hearings

The U.S. Department of Veterans Affairs (VA) Board of Veterans’ Appeals has expanded access to virtual hearings to all veterans awaiting their board hearing after successfully testing the capabilities during the last year.

Virtual hearings are a secure, confidential and convenient option for veterans and their representatives to have their board hearing held from a location of their choosing.

The board moved quickly to put this option into place in response to the novel coronavirus (COVID-19) pandemic and the temporary suspension of in-person hearings.

For veterans who opted to have a hearing, choosing the virtual hearing will allow the board to decide an appeal faster.

Virtual hearings became a permanent option for veterans on April 10, when U.S. President Donald Trump signed the VA Tele-Hearing Modernization Act into law.

To date, the board has held more than 640 virtual hearings and has the capacity to hold 250 per week. There are many openings on the virtual hearing docket for veterans and their representatives considering this option.
Move United Forms

Two major nonprofit adaptive sports organizations are joining forces to unite as one.

Adaptive Sports USA and Disabled Sports USA have merged to become Move United, which was announced in early May.

Move United’s goal is to fully include people with disabilities in American society, using sport to challenge perceptions and redefine ability for youth and adults with disabilities.

The organization plans to offer more than 50 competitive sports for 100,000 adaptive athletes in 200 communities across the United States before 2020 ends.

Additionally, as a member of the U.S. Olympic & Paralympic Committee, Move United hopes to have 90% of the U.S. population within a short drive of one of its local adaptive sports programs by 2028, when the Olympics and Paralympics are held in Los Angeles.

Move United will be involved with military athletes, too. Both Adaptive Sports USA and Disabled Sports were originally formed by military veterans during the Korean and Vietnam wars. Now that they’re combining, Move United will be the largest nonprofit provider of adaptive sports to injured veterans, offering adaptive sports opportunities to 2,000 injured veterans and family members annually at no cost through its Move United Warfighters program, according to a press release.

Exercise is a priority, as well. In March, Move United started an #AdaptAtHome program, encouraging adaptive athletes and local member organizations to work out at home with free, live and on-demand online adaptive fitness classes.

For more information, visit moveunitedsport.org.

PVA Offering Virtual Activities

Although Paralyzed Veterans of America (PVA) canceled its sports and recreation activities through June, the organization has continued to offer PVA members the chance to get involved with them — virtually.

PVA’s Sports & Recreation Department Facebook page, facebook.com/pvasports, has offered a handful of online and video activities, including adaptive yoga and meditation, handcycling events via Zoom with the PVA Racing team, cooking demonstrations and bowling, 9-ball billiards, golf, handcycling, workout, air rifle/pistol and chess tips or online instruction.

Wheelchair Football League

Are you ready for some wheelchair football? It could be coming to a city near you this fall.

With the help of the National Football League–Bob Woodruff Foundation Healthy Lifestyles and Creating Community grant, Move United announced the launch of the USA Wheelchair Football league, which it plans to start in four cities — Chicago (Great Lakes Adaptive Sports Association), Kansas City (Midwest Adaptive Sports), Los Angeles (Angel City Sports) and Phoenix (Ability360 Adaptive Sports & Fitness Center) — this summer.

“We believe that sports has the unique power to bring people together and to push them beyond what is possible, redefining their ability,” says Move United Executive Director Glenn Merry in a press release.

U.S. Marine Corps Cpl. Bart Salgado helped build the Wheelchair Football League and will serve as Angel City’s coach in Los Angeles. Salgado helped organize the Blister Bowl wheelchair football tournament in the early 2000s and served served on its rules committee.

He helped structure the rules and guidelines for the Wheelchair Football League.

“It’s unbelievable to see how far I’ve come. I’m grateful to have a hand in starting this league, and I can’t wait to see it highlighted during the NFL Draft,” Salgado says in a press release.

For more information, visit moveunitedsport.org.
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<td>800-795-1911 / 207-621-7394</td>
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<td>VARO, Boston</td>
<td>800-795-3607 / 617-303-1395</td>
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<td>MICHIGAN</td>
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<td>800-795-3622 / 774-826-2219</td>
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<td>MINNESOTA</td>
<td>VAMC, Minneapolis</td>
<td>857-203-6091</td>
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<td>VARO, Jackson</td>
<td>800-795-3610 / 601-364-7188</td>
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<td>MISSOURI</td>
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<td>NEW JERSEY</td>
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<td>NEW MEXICO</td>
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<td>800-795-3619 / 505-346-4896</td>
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<tr>
<td>NEW YORK</td>
<td>VAMC, Bronx</td>
<td>866-297-1319 / 718-584-9000, ext. 6272</td>
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<td>NORTH CAROLINA</td>
<td>VARO, Winston-Salem</td>
<td>800-795-3620 / 212-807-3114</td>
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<td>OHIO</td>
<td>VAMC, Cleveland</td>
<td>315-425-4400, ext. 53317</td>
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<td>VAMC, Portland</td>
<td>800-795-3627 / 503-412-4762</td>
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<td>PENNSYLVANIA</td>
<td>VARO, Philadelphia</td>
<td>800-795-3628 / 215-381-3057</td>
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<td>PUERTO RICO</td>
<td>VACHS, San Juan</td>
<td>787-641-7582, ext. 11566</td>
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<td>SOUTH CAROLINA</td>
<td>VARO, Columbia</td>
<td>800-795-3631 / 803-647-2432</td>
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<td>SOUTH DAKOTA</td>
<td>VARO, Sioux Falls</td>
<td>800-795-3632 / 605-333-6801</td>
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<td>TENNESSEE</td>
<td>VAMC, Memphis</td>
<td>800-795-3568 / 901-523-8990, ext. 7795</td>
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<td>TEXAS</td>
<td>VAMC, Austin</td>
<td>800-795-3570 / 214-857-0105</td>
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<td>VACHS</td>
<td>VARO, Milwaukee</td>
<td>800-795-3614 / 524-299-9944</td>
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<td>VIRGINIA</td>
<td>VAMC, Hampton</td>
<td>800-795-3572 / 216-617-5300, ext. 16819</td>
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<td>VARO, Huntington</td>
<td>800-795-3615 / 540-597-1707</td>
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<td>WISCONSIN</td>
<td>VARO, Milwaukee</td>
<td>800-795-3580 / 414-902-5655</td>
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<td>WASHINGTON</td>
<td>VAMC, Seattle</td>
<td>800-795-3576 / 804-675-5316</td>
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<tr>
<td>WEST VIRGINIA</td>
<td>VARO, Huntington</td>
<td>800-795-3577 / 504-597-1707</td>
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<tr>
<td>WISCONSIN</td>
<td>VARO, Milwaukee</td>
<td>800-795-3580 / 414-902-5655</td>
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**NOTE:** The above list includes the contact information for Vocational Rehabilitation Offices across various states. Please check the official resources for the most current and accurate information.
Inpatient Voting

Summer may just be getting warmed up, but it won't be long before it's fall and time to vote. Voting in November is a crucial part of our democracy. But it takes on extra significance this year. Besides voting on various issues and electing local and state leaders, you'll be helping to decide the president of United States.

Your right to vote is a solemn part of our Constitution, so even if you happen to be an inpatient at a Department of Veterans Affairs (VA) Medical Center, you're still afforded the opportunity to cast your ballot.

Policy

The VA has an established policy in Veterans Health Administration (VHA) Directive 1060, which provides veterans with information regarding voter registration and voting. The policy also instructs VA staff on how to assist veterans who wish to exercise their right to vote while at a VA medical facility. Voting is a right recognized by the VA and is supported by the United States Code and the Code of Federal Regulations.

As stated in VHA Directive 1060, “VHA is committed to assisting patients who wish to exercise these rights.” Information about voting should be posted in each VA medical facility. The directive guarantees that a veteran wanting more information while an inpatient will receive it.

This policy specifically states that patients or residents, whether they're a hospital inpatient, reside in a VA Community Living Center or a VA domiciliary, will be assisted with registration and voting if they want it.

These veterans may not have access to their local voting facilities because of their medical condition. So, this policy ensures that they’ll be provided with the necessary information so they’re capable of participating in the election process.

Management

The authority to ensure this policy is enforced starts with the under secretary for health. Additionally, the Voluntary Service program manager or designee is responsible for assuring that this is carried out at each respective medical facility. And he or she has three primary obligations.

The first is to ensure information about voter registration and assistance is posted throughout the medical facility and to make sure all patients and/or residents receive this information.

The second is to ensure that all VA Voluntary Service personnel complete VA Form 10-0462, Political Activities Fact Sheet and Certification. This VA form describes what the person assisting the patient or resident can and cannot do.

The last of the three primary obligations states that the Voluntary Service program manager must keep all the necessary materials to assist veterans in that respective state. This is set forth because no single form for absentee voting is used in every state.

If you find yourself in a VA facility as a resident or patient during an election, reach out to a staff member who should be able to contact the Voluntary Service Department on your behalf.

This could be a VA staff member or a volunteer at that facility. This person will be able to assist you in several ways.

If you’re already registered to vote, the VA staff member or facility volunteer can provide you with an absentee ballot. You may not be able to complete the ballot yourself. If this is the case, that person will be able to complete the ballot for you. If you’re not registered to vote, the VA staff member or facility volunteer should be able to assist in completing and mailing forms to register you for voting.

No Politics

What staff members and volunteers are not allowed to do is discuss partisan politics. No staff member or volunteer is permitted to promote a particular candidate or urge you to vote one way or another on a certain issue.

In fact, it’s impermissible for staff members or volunteers to provide their own opinions on such matters while assisting you. Staff members and volunteers are there to help you exercise your right, and they should do so in a nonpartisan and respectful way.

The importance of voting cannot be overstated, and the VA has established a way for you to do so if you find yourself in one of its facilities at the time of an election.

If you have any questions or are having difficulty with this process, contact your local Paralyzed Veterans of America (PVA) national service officer (NSO) from the roster on page 40.

A Marine Corps veteran, Aaron Stevens has served as a PVA NSO at the Louis Stokes Cleveland VA Medical Center in Cleveland for the last 12 years.
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Familiar Phrases

**During my recovery in a Department of Veterans Affairs (VA) hospital almost 11 years ago, my doctor gave me advice that I took to heart, and now that suggestion is more crucial than ever.**

**Basically, I had to realize that not only did I have a spinal-cord injury to deal with for the rest of my life, but every other medical issue would have an added complication to my health.**

I’ve been reading articles by well-known doctors such as Sanjay Gupta, Mehmet Oz and Drew Pinsky, as well as updates from Anthony Fauci. Heck, I would even look at an opinion written by Dr. Seuss and Dr. Doolittle. Considering the times, that may not be too crazy.

One article I particularly like is *Coronavirus Immunity: How Does Your Age Play a Factor?* by Mike Zimmerman in May’s *AARP Bulletin* (aarp.org/health/conditions-treatments/info-2020/coronavirus-immunity-age-risk.html). It covers a common message that I’m gleaning from all the advice and warnings, and it’s a phrase we’re all too familiar with — preexisting conditions.

**Significant Impact**

When I first started reading about these conditions, I thought spinal-cord injury and disease (SCI/D) would be at the top of the list. But it didn’t even make the top six. However, Zimmerman’s list still has a significant impact on our Paralyzed Veterans of America (PVA) population. Here are some brief highlights from the article and my thoughts.

**Obesity.** Our inability to engage in regular exercise can lead to an increase in weight, so we need to watch our diet. Additionally, a proper diet can have many other positive effects, specifically on our immune systems.

Fat tissue has been recognized as an active endocrine and immune organ that can directly inhibit metabolic immune function. A 2018 study from the University of Michigan School of Public Health published in the *Journal of Infectious Diseases* found obese patients took 42% longer to fight off the flu than non-obese people.

**Diabetes.** High blood sugar (hyperglycemia) is an inflammatory condition that can inhibit the body’s natural immune response and raise the risk of infection. This is my personal battle, being prediabetic. So far, I’ve controlled it with proper diet and a desire for a tall glass of Coca-Cola, which frequently gets denied.

**Cancer.** If you’ve experienced a bout with cancer, then it’s wreaked havoc on your immune system. Any PVA member who is also a cancer survivor should have a conversation with his or her VA physician and cancer specialist. They’ll probably provide some extra precautions.

**Heart disease.** The American College of Cardiology reports as many as 40% of novel coronavirus (COVID-19) patients who required hospitalization had underlying heart disease or hypertension.

**Other respiratory diseases.** We’ve learned that COVID-19 attacks the lungs in a major way. Patients with asthma, bronchitis or any other disease associated with the lungs have an additional battle when contracting this virus.

**Autoimmune diseases.** Some people may think that means HIV/AIDS. But many of us in PVA are aware this can also include rheumatoid arthritis, multiple sclerosis or even psoriasis. Along with the complications of the disease, the treatment of these conditions may involve immunosuppressive drugs that can raise infection risk.

**Age.** We can attribute our longer lifespan to the medical treatments and research that have occurred over the past 74 years thanks to PVA’s advocacy. We must remember that with increased age comes weaker immune systems.

As we age, our bodies produce fewer immune cells and become subject to higher amounts of internal inflammation. A body with any type of paralysis already has the above secondary condition, but as we age, it gets worse.

**Our Best Weapons**

I never believed I would utter the following words in my lifetime, but it looks like for 2020 and 2021, having SCI/D isn’t our primary health concern when it comes to COVID-19.

But if you’ve been reading the recent issues of *PN* and watching PVA’s webinars, PVA is intently looking at the research and issuing guidelines to keep us healthy and alive. Also, pva.org has all the latest COVID-19 information relevant to PVA members.

With the newly established VA telehealth network and the 24-hour nursing helpline, we can contact the VA and request information on the latest COVID-19 precautions and recommendations. Our best weapon right now is knowledge and understanding.

Individually, we’ve experienced different secondary issues because of our injuries, but collectively, we’ve dealt with them all. The VA and PVA have been on top of this since the beginning, and they are keeping us informed on the latest information and recommendations.

Just remember, set a telehealth appointment or go to pva.org for answers and information. In the meantime, stay inside. If you must venture out, wear a mask, and as always, wash your hands.

Yes, I realize I sound just like my mother. Stay healthy, everyone.


The opinions of the author do not necessarily reflect the position of Paralyzed Veterans of America.*
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