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ON THE COVER
Jeff Combs, seated, gets a push from Brian Church during a Battle Buddy 3Gun shooting stage.
Photo by Frankie Waddell

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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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We have a couple of interesting feature articles in this month’s issue and while they’re not directly connected to each other, they do share the themes of creativity and initiative.

The first story involves the National Veterans Wheelchair Games (NVWG). Although this year’s event set for Portland, Ore., was canceled because of the seemingly never-ending novel coronavirus (COVID-19) pandemic, Games cosponsors Paralyzed Veterans of America (PVA) and the Department of Veterans Affairs found a way to make them happen online. Games Go Online on page 16 explains how this year’s version of the NVWG worked out and who took part in them.

Another story that involves cleverness and drive is Setting Their Sites on page 22. This article details the efforts of PVA members and others to create a new shooting competition that brings together shooters with disabilities and able-bodied competitors for camaraderie and an adrenaline-pumping, fun challenge.

We hope you enjoy those articles and all of the great content in this month’s issue.
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Things Taken For Granted

I’m one who always tends to think out of the box and stare fear in the eye, if not poke it a little.

I made my peace with God a long time ago and through his grace haven’t ended my life through the various stunts of my past. As crazy as they were, I did my best to factor in safety when doing free rock climbing, cliff diving, bungee jumping and others. What I’m getting at is that it’s time to stare the novel coronavirus (COVID-19) in the eye and get on with life using all the safety procedures and guidelines available.

My wife, Marilou, and I could only stay cooped up so long, so when things started opening up, we started to venture out, armed with masks, gloves and cleaning agents. We’ve traveled to various parks, towns, casinos, restaurants and visited family and friends following Centers for Disease Control and Prevention (CDC) guidelines.

We’ve recently been able to attend Mass in person again. We’ve learned to respect and live with the virus, not fear it. I recently went to an appointment at a local Department of Veterans Affairs facility for a Botox procedure to help the nerves in my arm and found out I was only the seventh patient the doctor had seen since the facility reopened for appointments in June.

With the hint of vaccines and therapies coming, my mind naturally wanders and looks forward to life without the worry COVID-19 has burdened us with. I recently asked Paralyzed Veterans of America members, family, friends and people I met, “What did you take for granted pre-COVID-19 that you can’t wait to do post-COVID-19?” The answers were:

1) Give anybody a hug, especially a stranger
2) Shake someone’s hand
3) Give someone outside your home environment a kiss
4) Go to a buffet
5) Ride in a mass transportation vehicle

I struggle with the first two but act like the germaphobic TV character Monk in private and wash my hands, face, etc.

I recall an interview with Prince Charles on 60 Minutes in 2005, and he spent some time talking to journalist Steve Kroft about technology. Prince Charles said something in that interview that has stuck with me over the years, and it’s the idea that technology should be working for us, but more often than not, it seems to be controlling us in too many areas of life.

I believe that’s similar to what we have going on with COVID-19. You can let the virus scare and control you, or you can control your life by respecting the virus rather than fearing it.

I will soon be flying again and following CDC guidelines, but I can’t wait until vaccines are distributed and I can hug you and shake your hand!
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<tr>
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<tr>
<td>Palo Alto, CA 94304</td>
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<td>SCI-Room 238</td>
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<td>612-467-2263</td>
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<td>612-726-9472 (fax)</td>
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More To The Story Than Sports

Wheelchair basketball has universally been accepted as the first organized wheelchair sport, and its creation is credited to paralyzed World War II veterans.

A new book by author David Davis sheds light on the underlying and powerful reasons that spawned the creation of wheelchair sports. Told through the eyes of wheelchair sports pioneers, Wheels of Courage gives you a heightened appreciation for the sacrifices of our World War II veterans.

The book specifically brings awareness to paralyzed veterans and their fight to change the stereotypical perception of people who used wheelchairs for mobility. It also gives you a deeper understanding of why the development of sports for people with disabilities was more about rehabilitation than recreation.

In early 2016, I was doing my own research here at PVA Publications to identify World War II-era Paralyzed Veterans of America (PVA) members. I wanted to capture the stories of the people who were active during the early years of the organization — before it was too late.

I had a fairly sizable list, one that unfortunately has become much smaller since then, and on it was Gerald “Jerry” Fesenmeyer. At the time, he was honestly just another name on the list, a person I had yet to contact. Later that year, I received an email suggesting a story idea.

The email was from Davis and contained a link to an article in Los Angeles Magazine titled How SoCal Doctors Used Basketball to Rehabilitate Paralyzed Vets.

The article was about the amazing journey of injured World War II veterans, one of whom was Jerry. His story seemed more like a Hollywood movie than anything that could have really happened. I immediately dug out that list of veterans to make sure he was on it. Not only was he on the list, he was also a PVA charter member.

Three weeks later, I was on a flight, along with editorial coordinator John Groth, to meet this amazing man at his home in south Texas. Jerry didn’t disappoint. And to say he was “a character” would be an understatement.

A picture of Jerry was featured on the cover of the May 2017 issue of PN magazine, and his story was covered in the article Hanging In There.

I’ll never forget the time I spent with Jerry, and now two years after his passing, I was thrilled to learn even more about him in Wheels of Courage.

Another veteran in Davis’ new book is someone I had personally considered a friend. Carlos Rodriguez, who died in 2012, was a PVA past national president. I met Carlos in 1990 at a PVA convention, but until now, I had no idea he had played wheelchair basketball. After being injured in the Korean War, Carlos returned to New York, where he played wheelchair basketball with the Brooklyn Whirlaways, one of the sport’s oldest civilian teams.

Whether you know a great deal or very little about wheelchair sports, you’ll come away from this book with a much greater understanding of their creation and why they were so incredibly important.

The seemingly absurd concept in the 1940s of playing any kind of a sport from a wheelchair and how that idea transformed from an exhibition game into a worldwide sanctioned competition is chronicled in a truly engaging and enjoyable read.

Congratulations, David, on a book that tells the story of so much more than the creation of wheelchair sports.
Ramping Up Their Efforts

Efforts by a Paralyzed Veterans of America (PVA) chapter to make a local veterans’ cemetery accessible are now getting some support from Capitol Hill.

Sen. Tammy Duckworth (D-Ill.) has agreed to assist the efforts of the PVA Gateway Chapter and the IMPACT Center for Independent Living to install a wheelchair-accessible ramp at Alton National Cemetery in Alton, Ill., just north of St. Louis.

Containing veterans’ remains from the Civil War, Spanish-American War, Mexican War, World War I, World War II and the Korean and Vietnam wars, the cemetery sits atop a small hill and is only accessible via several flights of stairs that are part of a formal entrance. The Gateway Chapter and IMPACT have been trying to get a ramp built on one of the entrance’s sides for several years.

However, the National Cemetery Administration has said a ramp on either side of the entrance isn’t an option because it could possibly disturb grave sites. PVA Gateway Chapter President Stan Brown says the cemetery administration has refused to do any ground penetrating radar (GPR) to confirm burials, believing GPR wouldn’t be conclusive because graves may be largely decomposed after several decades of burial.

The chapter and IMPACT contacted Duckworth to look for solutions and possible funding of a ramp if a GPR study can be arranged.

Duckworth met with Brown, IMPACT Executive Director Cathy Contarino and a member of the National Cemetery Administration at the cemetery in August to discuss options and a course of action.

Brown says several ideas are being discussed, including getting a GPR study completed and the possibility of having land for the ramp donated. He says Duckworth is helping arrange a meeting with Alton city officials to discuss those and other options.

2021 Summit Set For Dallas

This year’s Paralyzed Veterans of America (PVA) Healthcare Summit + Expo was canceled due to the novel coronavirus (COVID-19) pandemic, but plans are set to reconvene next year.

The 10th annual Healthcare Summit + Expo is set for Aug. 30–Sept. 1, 2021, at the Omni Dallas Hotel in the heart of downtown Dallas. Registration is open at summitpva.org.

The summit is an intensive, three-day learning and networking experience that provides the most updated and vital information, state-of-the-art research and emerging science concerning spinal-cord injury and disease (SCI/D).

Attendees representing multiple disciplines from the Department of Veterans Affairs, as well as private health care institutions, take part in more than 65 plenary and breakout sessions and 30 poster presentations, with up to 21 continuing education credits available.

For more information, visit summitpva.org.
Housing Grant Improvements

In early August, U.S. President Donald Trump signed the Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019 into law.

This legislation makes significant improvements to the Specially Adapted Housing (SAH) grant program.

Paralyzed Veterans of America (PVA) strongly supported these improvements, which will greatly help veterans with certain service-connected disabilities to live independently in a barrier-free environment by providing critical housing adaptations.

Gradual Changes

Thousands of PVA members have benefited greatly from the Department of Veterans Affairs’ (VA) SAH grant program since it was enacted in 1948.

Over the years, this important program has seen several improvements. In 1980, authorization was given to allow for SAH loans, as well as grants. In 2006, the range of disabilities eligible for SAH grants was expanded and the law was changed to allow family members’ homes to be adapted. Additional modifications in 2008 allowed active duty service-members with service-connected disabilities to be eligible for SAH grants, as well individuals residing outside the continental United States.

In fall 2018, PVA urged Congress to improve the SAH program even further by prioritizing SAH claims for veterans diagnosed with amyotrophic lateral sclerosis (ALS), increasing the overall value of the grant and establishing a supplementary housing grant for eligible veterans who have already used their initial grants.

Starting in January 2019, PVA began pursuing these changes in earnest. At the end of June 2019, Rep. Gus Bilirakis (R-Fla.), House Veterans’ Affairs Committee (HVAC) Subcommittee on Economic Opportunity Chairman Mike Levin (D-Calif.) and HVAC Ranking Member David Roe (R-Tenn.) introduced HR 3504, the Ryan Kules Specially Adaptive Housing Improvement Act of 2019.

The following day, a Senate companion bill, S 2022, the Paul Benne Specially Adaptive Housing Improvement Act of 2019, was introduced by Senate Veterans’ Affairs Committee Chairman Jerry Moran (R-Kan.) and Sen. Kyrsten Sinema (D-Ariz.).

HR 3504 quickly advanced in the House and initially passed that chamber on July 23, 2019. The Senate amended it, then passed the bill on March 26, 2020. The House rendered its final approval on July 20.

Now that the bill has been signed into law, the overall value of the SAH grant increases from $90,364 to $98,492 as of Oct. 1 and provides qualifying veterans with twice as many opportunities to access the grant.

Veterans who have exhausted their benefit will be able to apply for a supplementary grant if the VA determines their residence still needs modifications. The supplemental grant provision goes into effect on Oct. 1, 2030.

The original versions of HR 3504 and S 2022 contained language directing special consideration for veterans with ALS, in line with PVA’s request. As this legislation was making its way through Congress, the VA recognized the importance of this action and modified its policy to give processing priority for veterans with ALS and other terminal illnesses. As a result, this provision was not needed in the final bill.

Continuing Advocacy

It is rare for bills of this magnitude to move so quickly through both chambers and be enacted into law.

PVA members’ advocacy helped push this legislation across the finish line in record time. The organization encourages you to continue to advocate, as your voices hold a lot of power on Capitol Hill and accelerate and support the efforts of PVA’s Government Relations staff.
Going forward, PVA will continue to seek other enhancements to the SAH program, such as engaging more builders, reducing inconsistencies in the program’s administration and accelerating the application process.

As PVA National President David Zurfluh noted in his testimony before the annual joint meeting of the House and Senate Veterans’ Affairs Committees in March, finding and selecting an eligible builder often creates the biggest delay in getting adaptations for a veteran’s home.

The problems that are caused when a veteran can’t locate a responsible and experienced contractor to complete SAH modifications cannot be overstated.

Compounding that challenge is the fact that a veteran must submit three bids to the VA as part of the application process, and there are very few contractors who have experience with making home modifications for disability access.

If a veteran lives in a rural area, it is even more difficult to find an appropriate contractor.

While the process was created to give the veteran the freedom of selecting a builder based on proposed adaptations and associated costs, locating a qualified builder is often a lengthy process because of the lack of builders’ knowledge about the program. Thus, PVA is seeking additional funding for the SAH program to educate builders on the program’s merits and how to make it profitable.

Having access to home adaptation resources is critical for all veterans with spinal-cord injury and disease.

To learn more about all of the VA’s housing adaptation programs to assist both service-connected and non-service-connected disabled veterans, view PVA’s June webinar at vimeo.com/440068503.

To stay up to date on PVA’s public policy priorities, including learning how you can assist, visit pva.org/research-resources/116th-congress,-second-session-priorities.

Maureen Elias is PVA’s associate legislative director, and Morgan Brown is PVA’s national legislative director.
Immune Support & Vitamin C

Right now, we are living in uncertain times with the emergence of the novel coronavirus (COVID-19). Humans have never been exposed to this virus before, even though it’s part of the cold and flu family.

On top of that, October is usually the start of flu season. The flu, or more officially influenza, is an infectious disease caused by an influenza virus. Symptoms can be mild to severe.

According to the Centers for Disease Control and Prevention (CDC), the most common symptoms for both include: a high fever or feeling feverish/chills, runny or stuffy nose, sore throat, muscle pains, headache, coughing, shortness of breath or difficulty breathing and feeling tired. These symptoms typically begin two days after exposure to the virus and last about a week. The cough, however, may last for more than two weeks.

One way COVID-19 differs from the flu is that someone may have a change or loss in taste or smell, according to the CDC.

And while flu vaccines have been around for some time, a COVID-19 vaccine was still under development as of press time in early September.

What can you do to try and help protect yourself?

The Science

Health food stores and drugstores have been running out of various immune-supportive supplements as people attempt to strengthen and enhance their immunity.

One of the supplements that has been in high demand is vitamin C. But does it really protect us?

Vitamin C is found in high concentrations in our white blood cells, but it’s rapidly depleted during infections, resulting in reduced immunity. Vitamin C helps us upregulate our immune system, and there has been extensive research on vitamin C’s ability to support the body in recovery from a variety of viruses.

A vitamin C deficiency results in a weakened immune system and causes susceptibility to colds and other infections. Since the lining of the respiratory tract also depends heavily on the protection of vitamin C, respiratory infections and other lung-related conditions may also be a symptom of inadequate vitamin C intake.

Research shows that vitamin C in therapeutic doses has been effective in preventing and addressing the common flu virus.

A study printed in the October 1999 edition of The Journal of Manipulative and Physiological Therapeutics took individuals who had cold- or flu-like symptoms and split participants into two groups.

The control population was treated with pain relievers and decongestants, whereas those in the test population were treated hourly with 1,000-milligram doses of vitamin C for the first six hours and then three times daily thereafter. Overall, reported flu and cold symptoms in the group that was administered vitamin C decreased by 85% compared with the control group.

A 2018 meta analysis of nine randomized controlled trials involving vitamin C by researchers at BioMed Research International found administration of extra therapeutic doses at the onset of cold/flu symptoms helped reduce illness duration, shortened the time of confinement indoors and relieved the symptoms associated with it, including chest pain.

Unfortunately, because COVID-19 has never been seen before, there is little research to date about the impact vitamin C has on the virus.

However, because vitamin C has shown success in treating many other viral infections and has a low risk-profile, it may be one more tool you and your family can use to help protect yourselves.

That, of course, is in addition to social distancing, frequent hand washing and wearing a face mask and gloves in public.

Supplementation

Adding vitamin C supplementation to your diet is safe.
There’s no documented toxicity level for vitamin C because it’s a water-soluble vitamin, which means it’s flushed out of the body relatively quickly. Vitamin C is also easily lost with stress, and as mentioned previously, is rapidly lost when a person is sick or has an infection.

Because vitamin C has a laxative effect at higher doses, health professionals who recommend individualized high doses for their clients will suggest taking it only for bowel tolerance. Vitamin C is best taken with meals to improve absorption.

Foods High In Vitamin C

Having a diet high in fruits and vegetables is a great step to not only increase your vitamin C intake, but also your intake of many other immune-supportive antioxidants and nutrients.

If you’re unable to supplement, or simply want to increase your intake, the chart below outlines some foods that are high in vitamin C.

<table>
<thead>
<tr>
<th>Food</th>
<th>Daily value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bell peppers (1 cup)</td>
<td>291%</td>
</tr>
<tr>
<td>Broccoli (1 cup)</td>
<td>205.7%</td>
</tr>
<tr>
<td>Strawberries (1 cup)</td>
<td>136.1%</td>
</tr>
<tr>
<td>Oranges (1 fruit)</td>
<td>116.2%</td>
</tr>
<tr>
<td>Kale (1 cup)</td>
<td>88.8%</td>
</tr>
<tr>
<td>Tomatoes (1 cup)</td>
<td>57.3%</td>
</tr>
<tr>
<td>Cabbage (1 cup)</td>
<td>50.3%</td>
</tr>
<tr>
<td>Lemon juice (¼ cup)</td>
<td>46.8%</td>
</tr>
<tr>
<td>Parsley (2 tablespoons)</td>
<td>16.6%</td>
</tr>
</tbody>
</table>

The Institute of Functional Medicine says on its website (ifm.org) that supplementation with vitamin C appears to both prevent and treat respiratory and systemic infections and indicates that vitamin C has been used in hospital intensive care units to treat COVID-19 infections.

For more information on nutrition specific to spinal-cord injury, visit eatwelllivewellwithsci.com.

Kylie James and Joanne Smith are certified nutrition practitioners and co-authors of the Paralyzed Veterans of America-supported book Eat Well, Live Well with Spinal Cord Injury and Other Neurological Conditions.
The novel coronavirus (COVID-19) pandemic forced Chris Thomas to scrap his entire National Veterans Wheelchair Games (NVWG) event plan this year.

In the past, the Raleigh, N.C., resident would pick manageable competitions. Start with table tennis and boccia ball, add in shot put and javelin for strength and some swimming for a little cardio workout.

But those events weren’t available anymore after the COVID-19 pandemic canceled the 2020 NVWG, cosponsored by the Department of Veterans Affairs (VA) and Paralyzed Veterans of America (PVA), in Portland, Ore., and moved it to an at-home competition this summer. That meant hardcore challenge time for the 49-year-old Marine Corps veteran.

Thirty-Day Cycling Challenge, check. Disc golf, check. The Cascade Cup fitness competition, check. He wasn’t sure he had the stamina for any of them. Turns out, he did — as he captured two gold medals in the Men’s Division IV/V Cascade Cup fitness competition and Division IV/V disc golf and a silver medal in the Division IV/V 30-day Cycling Challenge. He lost 30 pounds, made some new friends and improved his family relationships. He couldn’t have dreamed of anything better.
Paralyzed Veterans of America member Chris Thomas competed in the 30-day Cycling Challenge, opposite page and below left, Cascade Cup fitness competition and disc golf, below right, in the July 12–17 National Veterans Wheelchair Games At Home.

The 2020 Angel City Virtual Games were held via Zoom video this year and were extended from four days to three weeks, with one week in July and two in August.
“But this forced me to step outside my comfort level and do these, for a lack of a better term, cardio-type events. And now, I see that not only am I really good at that, too, but I’m reaping a lot of the benefits as opposed to just playing table tennis or throwing the shot put or javelin,” says Thomas, who sustained a back injury and left leg injury after his Humvee was totaled in 1994 at Camp Lejeune, N.C., and he had his left leg amputated in 2017. “... I’m doing something for a couple hours a day that’s helping my body, and it’s helped my family get a little closer doing a couple things together. I’m really excited that this is just beginning for me.”

Moving To The Internet

Adaptive athletes might’ve thought they were stuck when sports all over were canceled due to COVID-19. That meant no more traveling to tournaments, heading out to team practices or working out at their adaptive sports center or gym. And it looked like that meant it’d make them more homebound. Instead, as COVID-19 enters its eighth month, athletic event organizers and adaptive athletes have embraced change and found different ways to link up.

Take the NVWG, which was moved from an in-person event to an at-home one for the first time in its 40-year history this past July 12–17.

Co-organizers NVWG Director Dave Tostenruude and PVA Senior Director of Sports and Recreation Jen Purser hoped the Games would help paralyzed veterans.

They thought about what paralyzed athletes could do at home, but they also wanted to challenge them with some unique events. They came up with six events, including air rifle, the Cascade Cup fitness competition, disc golf, adaptive esports, a 30-day Cycling Challenge and the NVWG At Home Team Challenge. They also had to find officials to judge and score submissions and do plenty of work with Challenge Me Training for the fitness competition.

“... I’m doing something for a couple hours a day that’s helping my body, and it’s helped my family get a little closer doing a couple things together. I’m really excited that this is just beginning for me.” — Chris Thomas
Athletes accomplished certain tasks in each event and then uploaded and submitted videos and pictures from their smartphone to the NVWG or Challenge Me Training apps. Athletes had just over a month to attend event education sessions and learn how to take videos and upload them to the app.

Keeping the spirit of the Games alive and building a sense of community was important. Tostenrude thinks they accomplished that, as 127 paralyzed veterans participated, which is 25% of the NVWG’s average number of participants.

“The goal is to continue our support for advocacy for sports and fitness and to help veterans be educated in what you can do in these crazy times,” Tostenrude says. “We want them to stay fit and still engage in sports and fitness and recreation. That’s the core mission of what the National Veterans Wheelchair Games is all about.”

Although Thomas was happy with his two gold medals, he was just as proud of his cycling silver medal and the 609.24 miles he completed. Before COVID-19, Thomas had handcycled just once before. This time, the 6-foot-5, 250-pound athlete found a better cycle that let him lay flat, and it changed everything.

Thomas’ original goal was to just ride 5 miles a day for the first week. But after the first day, he realized he could do more. He’d drop his 8-year-old son, Karson, off at school, daycare or camp, then cycle for two hours before his headset usually ran out of battery. So, he’d have to decide whether he wanted to ride more — and usually he did. He started cycling over three hours a day.

He even made cycling and disc golf family events, with his wife, Robin, and Karson joining him on weekends.

“I went from all these limitations that I thought I really had, like being able to do events that were, like, cardio-related or, like, really hard stuff. I can probably go for very short distances, and that’s it. But with the right equipment and just the right stuff, I don’t have the limits that I really thought I had,” Thomas says.

**Building A Family**

Angel City Sports founder Clayton Frech also lives for adaptive athletics. To him, athletes are family. And with COVID-19 leaving athletes with little to do, he didn’t want them to feel alone.

Although Angel City Games officials announced in March that the Games wouldn’t go on as an in-person four-day event in Los Angeles, Frech thought organizers could come up with an entertaining, exciting, motivational, familial atmosphere online.

So, they extended the event to three separate weeks (July 13–19, Aug. 3–9 and Aug. 24–30), offered more Paralympian-taught adaptive sports clinics and tons of activities. Athletes could register via the angelcitygames.org website and then download the Angel City Games app developed by AdaptivApps to help them feel at home.

“"When you live with a disability, it can be a really isolating life, pre-coronavirus, and society doesn’t look like it’s been built for you,” Frech says. “This is a place where if you have
That’s a key piece as we go forward with the digital platform, that hopefully people really get a sense of home.”

Each day of the week featured a theme. Virtual sports clinics, ranging from basketball to swimming to archery ran on Mondays. Resource nights were held Tuesdays, allowing athletes to connect with leaders, corporate and government executives and elite coaches to build their networks and look for mentors. Workout Wednesdays allowed athletes to join specific workout classes based on their age and ability level. The Angel City Concert Series took the stage on Thursdays, spotlighting adaptive and able-bodied musicians performing concerts. Family and Friends Fridays included a cooking night, game night and movie night. Saturdays highlighted virtual challenges, where athletes could participate in a virtual sports clinic and then take part in challenge afterward. Sundays focused on community fun, which included fun runs, rolls and rides, scavenger hunts and celebrity surprises to bring participants and family members together.

Frech says organizers wanted to keep the event fun and light. To avoid Zoom video chat fatigue, they broke up events into chunks and tried to give people something to look forward to each day. The NBA’s Pau Gasol was the guest speaker on opening night, while Paralympic wheelchair basketball players Matt Scott, Megan Blunk and Trevon Jennifer, wheelchair racer Tatyana McFadden and archer Lia Coryell taught clinics.

“It’s been a hard year so far, a hard summer for kids. They can’t do camps and all the things maybe they have done historically. Adults are stressed because kids are home, and we’re kind of just trying to go big, as big and as globally as we can,” Frech says. “This is a moment in our trajectory where we can kind of start building a global brand and keep athletes engaged no matter where they are on the planet.”

Last-Minute Marathon
While the NVWG At Home and Angel City Games organizers took months to prepare for their big events, 21-year-old wheelchair racing phenom Daniel Romanchuk and his mom, Kim, pulled off a Zoom video wheelchair marathon event in only 30 hours.

Back in April, they celebrated the Boston Marathon by bringing wheelchair racers together to take on the 26.2-mile distance at home via Zoom.

More than 60 wheelchair racers representing 13 countries attended April’s virtual Boston Marathon and answered questions, too.
About a day and a half before the race, they emailed and texted some of the top wheelchair racers in the world to see if they wanted push together. They posted the event in social media realms, offered it to youth, and it picked up steam. Then, they had to learn the ins and outs of Zoom meetings, since Kim had never run one. Daniel’s agent and other race directors helped, and they even invited someone to sing the national anthem.

More than 60 wheelchair racers representing 13 countries attended, including the U.S.’ Tatyana McFadden, Aaron Pike and Kelsey LeFevour, South Africa’s Ernst Van Dyk, Switzerland’s Marcel Hug and Manuela Schär, Australia’s Eliza Ault-Connell and Great Britain’s Johnboy Smith.

Some athletes raced from their homes using roller machines while others, including some Japanese racers, watched. Boston Athletic Association COO Jack Fleming showed up and described the action. He took Hug’s world-best Boston course time and broke it up mile by mile, then let racers know when the lead group had passed each mile marker.

“So, Jack was describing what was on the course because he knows the course so well at all those different places,” Kim Romanchuck says. “The different race directors from Boston and New York and London, they had gotten on. They’re usually in the lead vehicle for each other’s races because they know the racers, and they can call out what’s happening in the race for any of the broadcast stuff. So, they pretended to be a lead vehicle. They were giving us status updates on who was surging now. It just kind of really added to the atmosphere.”

Racers sprinted the final 800 meters, and afterward everyone chatted about the experience and how they were doing in general. Daniel had been so used to traveling and racing all the time that it was tough for him to adjust to the downtime. He was happy to have the chance to see his racing friends again.

“… Everyone knows at some point in the future we’ll all be able to really get back and actually to race and see each other. I think it was an all-around great experience for everyone, I think,” Daniel says. “It really just kind of made me realize just how large and how truly dedicated the community is, that the racing community is. For that many racers to show up in that kind of a time period and just across world is just incredible.”
Battle Buddy 3Gun aims to give adaptive shooters camaraderie and a fun new challenge.

If the idea of a competition that combines an obstacle course with shooting at various types of targets with a handgun, shotgun and AR-style rifle sounds like fun, then adaptive 3-gun shooting could be your next adrenaline rush.

The sport of 3-gun shooting isn’t just about shooting weapons, says Paralyzed Veterans of America (PVA) Gateway Chapter member and Marine Corps veteran Jeff Combs.

“You have different walls that you have to go around and different windows you have to shoot through, and you shoot the targets and make your way through the obstacle course for a timed score,” Combs says.

Able-bodied 3-gun started with a tactical shooting competition organized by Soldier of Fortune magazine in 1979 in Missouri, and Combs says the sport’s popularity grew nationally in the early 2000s, even spawning a professional circuit where ranked shooters can compete for cash. Now, Combs has teamed up with four fellow Marine Corps veterans to form Battle Buddy 3Gun (BB3G) in an effort to make the sport inclusive for people with disabilities nationwide.

by Brittany Martin
photos by Frankie Waddell
Intro To 3-Gun

The idea for BB3G took off last year when Combs connected with PVA National Vice President Hack Albertson and able-bodied competitive 3-gunners Brian Church, Jack Smith and Drew Kampa.

The program is still in its infancy, but the team plans to bring it to PVA chapters across the country in the coming months, culminating with what they hope will be a big annual fundraiser next March at Echo 6 Shooting Park in Galivants Ferry, S.C.

To introduce the sport to new veteran and non-veteran adaptive shooters, the BB3G Tour exhibition events will consist of two stages, whereas a typical match might consist of six or seven stages and shooting about 200 rounds with each weapon.

Each stage presents a mix of paper or steel targets set at various distances that must be shot in a specific order the correct number of times and with a specific weapon as quickly as possible. Adding to the challenge are obstacles such as walls and barrels, as well as moving targets.
The events will start with basic instruction and general safety rules. Shooters will get a quick walkthrough to see what the targets look like, how they need to engage them and will have a chance to familiarize themselves with the weapons without firing.

Combs, who sustained a T9 level incomplete spinal-cord injury (SCI) in a motorcycle accident in 2012, says they’ve designed the competition to be as close to the able-bodied version as possible.

“So, you will roll up to a table and you will pick the weapon up, take it off of safe, shoot it. Once you’re finished, put it back on safe, put it back on the table,” he says. “Now, traditionally in able-bodied 3-gun, 95 percent of the shooting you do is on the move. So the next question was, ‘How do we safely allow people to shoot on the move?’”

Combs immediately thought of using his GRIT Freedom Chair, which has all-terrain tires, a single front wheel and push bars on the back. That’s where the battle buddy comes in. Battle buddies are able-bodied shooters who are paired with shooters in a wheelchair and shoot alongside them.

“For the shooting-on-the-move stages, the person in the chair will be the only one engaging the targets, and then we’ll get to whatever the next stage is, and we’re ready to shoot the next weapon, they’ll have what’s called a dump barrel, which is basically a big, plastic 55-gallon drum with the lid cut off,” Combs says. “So my battle buddy would push me through the section where we shoot on the move, and then, say I was using the rifle for that … you get to the white plastic barrel and dump the rifle in there, and then [you] and the battle buddy pick up the next weapon and begin engaging the targets again, and then you do the same thing for the pistol, wherever that falls into play, whether it’s at the beginning, middle or end.”

Combs says their top priority is weapons safety, and BB3G team members will act as instructors and range safety officers for all the events. And just as in able-bodied competitions, a serious safety violation could result in disqualification.

“I’m guilty of thinking I sometimes can do more than I’m able to, so we want to make sure anybody that’s going to be picking this weapon
up has the ability, the hand function, to safely fire the weapon, and that is why these range safety officers will be able to step in at the blink of an eye if they see something that is what we would consider an unsafe act,” he says.

The fastest combined time from the stages wins the match, and there are time penalties if a shooter misses a target. There will be prizes, including sights, optics, scopes, gun shop gift cards and more, for the top shooters at next March’s fundraiser, as well as at other BB3G Tour events.

During the tour, BB3G will supply a loaner GRIT Freedom Chair, ammunition and weapons, which have been specially built for the speed required in 3-gun competition. Participants are welcome to bring a friend, family member or caregiver to be their battle buddy.

“You don’t have to own a single gun yourself,” Combs says. “You can show up, use all of our guns, shoot all of our ammo. You can show up with the clothes on your back, and that’s all you need to compete. We will be using ear protection and eye protection, and we will be able to provide those.”

**An Exciting Challenge**

Combs and Albertson, along with PVA Southeastern Chapter National Director Paul Stewart and PVA Vaughan Chapter President Josue Cordova, gave the 3-gun stages a test run in late July at Echo 6 Shooting Park.

Albertson is eager to demonstrate the sport for chapter leaders who’ve expressed interest in hosting tournaments, similar to PVA’s trapshooting circuit.

“It was about the third or fourth time that Paul and Josue shot that it became a competition,” Albertson says. “You get a bunch of guys, you’re all military veterans, and you want to be faster and better than the other guy. Because I can’t walk or run doesn’t prohibit or handicap me in shooting. I can still get sight picture, sight alignment and trigger pull. It immediately becomes a competition to show that I can still do all that and can do it as well as [able-bodied people] can.”

Paralyzed Veterans of America Vaughan Chapter President Josue Cordova tries out adaptive 3-gun shooting with Battle Buddy 3Gun.
Cordova, an Air Force veteran who sustained a T10-12 level SCI in a car accident in 1995, lives in New Lennox, Ill., and flew down for the event. He didn’t want to miss the opportunity to try something new, despite concerns over the novel coronavirus (COVID-19) pandemic.

“I want to be smart about everywhere I go, make sure I’m masked, make sure I’m not putting myself in a compromised position with too big of a crowd, but I definitely don’t want to paralyzed my opportunities along with my body with this [COVID-19],” he says.

Cordova has tried hunting, trapshooting, sporting clays shooting and compound bow, but he says 3-gun was a whole different level of excitement.

“Because I’m naturally competitive, it was definitely that, but what I like, being in the chair 25 years and what I enjoy about this is it’s another tool in the toolbox of opening up accessibility and opportunity,” Cordova says.

His favorite stage was the AR-15 rifle stage when his battle buddy, Smith, was pushing him as he shot.

“To be able to move freely like that, the best way I can say it is it’s kind of like being on your feet,” Cordova says. “You’re moving at a target. You see the way the able-bodied shoots the 3-gun shoot, and I think as you’re being pushed in this all-terrain chair, I think it’s like that freedom to be able to hold the rifle as you’re approaching and dealing with your targets, but you’re in this forward motion. To me, it’s just an independence. It was a great challenge.”

Meanwhile, Stewart, a Marine Corps veteran who contracted transverse myelitis during boot camp in July 1987, quickly learned the importance of teamwork and communication with his battle buddy, Church.

“With the steel target area, that’s where the team communication works out because shooting the targets down, especially the one that’s a spinning target, the toughest thing for me was I wasn’t really communicating with my partner with the spinning target, so he was hitting the top portion of the spinning side, and I was aiming at the bottom one,” Stewart says. “We were fighting against each other, so that makes it a little harder.”

Even experienced able-bodied shooters like Church and Smith, as well as Stewart’s wife, Kharen, who doesn’t do much shooting, enjoyed trying the course in a wheelchair.

“In watching some of the people that were able-bodied doing it, I felt pretty good because I now have an advantage over them because I can push faster than they can because they’re not used to pushing the chair, and it changes their perspective of our way of doing things by pushing from a chair, shooting at a different level,” Paul Stewart says.

**Building A Community**

Combs says they plan to forge ahead with the BB3G Tour and big national event next March, even with restrictions imposed by the pandemic. The national event will be eight full stages, and shooters will likely be able to tackle them with a very experienced 3-gunner as a battle buddy.

“We will try to get the biggest names in the sport to come out, and you can meet and greet and talk with all of them and just pick their brain about things,” Combs says.

BB3G received final approval as a 501c3 nonprofit organization in late August and has already had a great deal of interest from individuals and companies who want to sponsor the effort.
Eventually, BB3G hopes to offer a nationwide scoring system, where shooters can earn points for how they finish in events in order to qualify for a national invitational match. The team is also looking into classifications for various mobility levels to compete and expansion to include people with other impairments, such as amputations, post-traumatic stress disorder and traumatic brain injury.

For now, Combs encourages people to try adaptive 3-gun because, like any sport, it gets them out of the house and off the couch.

“So the obvious benefit of the physical activity, getting a workout out in, because even though we are getting help being pushed, you get done with running the stage and you’re huffing and puffing, and you’re like, ‘Man, how did I get so winded just doing that?’” he says. “And it’s just because you’re trying to go as fast as you can, whether that be kind of adjusting and twisting with what little bit of ability we have, and it’s an adrenaline rush. It’s a lot of fun.”

Besides the competition and activity, Combs says the sport is about the camaraderie with other veterans and wheelchair users and creating a positive, supportive environment for people with similar interests.

“We’re building the competitive piece, the sport, and at the same time making it fun,” he says. “If you like the community, you like being around guns, you like to shoot, but you really don’t care about being the number one fastest, come out, come enjoy the event. Enjoy the atmosphere. Enjoy the community we’re building and be a part of it, because it’s not just for people that are competitive.”

For more information, visit battlebuddy3gun.org, or follow it on Facebook and Instagram (@battlebuddy3gun). To see a video of BB3G in action, visit pnonline.com.
When veterans seek benefits from the Department of Veterans Affairs (VA), they face a complex process. Filing a claim for disability compensation, health care, education or other benefits can require numerous medical exams and submitting detailed supporting documents to the VA, and sometimes, the veteran or claimant may not agree with the outcome at the regional office level. Veterans then have the option of going through the VA's internal appeals process, with the top level involving a review by the Board of Veterans' Appeals (BVA).

But when a veteran believes the board has made an error in a particular claim, the U.S. Court of Appeals for Veterans Claims (CAVC) comes into play.

"For years, they didn't have that. The Board of Veterans' Appeals would make a decision, and that was it. You didn't have any outside people looking to make sure the board was doing its job correctly," Zajac says. "It gives veterans the comfort of knowing that it's an independent process reviewing what the VA did. Having somebody independently hear the case also gives validation to veterans, if they win, that they were right, and that is so important."

How It Works

As an appellate court, the CAVC doesn't have jury trials or hear testimony, says Larry Hagel, who served as PVA's general counsel from 1999 to 2004 and is now a senior judge for the court following the end of his active term in 2016. Records are closed, and no further evidence can be submitted.

"If a person is represented by a lawyer, which at least 70 percent are initially represented by a lawyer, the case goes to a group of lawyers at the court who act as mediators, and they actually meet with the VA lawyer and
the lawyer for the veteran to try to narrow the issues of the case, and oftentimes, the VA will agree there is an error made in the case, and the case will leave the court and go back to the VA to correct that error,” Hagel says.

If no agreement is made, a single judge, or in some cases a three-judge panel, examines all legal briefs and documents submitted by both the VA’s and veteran’s lawyers to draft a decision that’s sent to all of the other court judges. The permanent complement of the court is seven judges, but Congress has temporarily authorized the court for up to nine. All judges have an opportunity to make comments on the draft before the decision is finalized.

“It’s like writing a term paper, but between 250 and 300 a year,” Hagel says.

Judges may also call for oral arguments, a formal proceeding that gives judges the opportunity to present hypothetical situations to test the limits of a case. Attorneys speak on the veteran’s behalf, and the public can even view the proceedings on the court’s YouTube channel (youtube.com/channel/UCkhT0OvwPHFaX-d0ZEFlup0g).

“Judges will often have questions like, ‘If we go your way, what does it mean for the next guy and the next guy and the next guy?’” says Linda Blauhut, PVA’s deputy general counsel. “They want to get an understanding of, ‘If I rule a certain way, does it mean things blow up in some other area that we’re not thinking about right now, or is it really manageable for the VA to do what you’re asking for?’”
Zajac says in the 15 years she’s worked for PVA, the amount of BVA decisions that get appealed each year has nearly doubled, from the 4,000 to 5,000 range to now over 8,000.

Blauhut says the most frequent cases she sees go before the CAVC are when veterans believe the wrong disability rating has been assigned, they’re seeking a secondary service connection and surviving spouse cases, where a veteran’s spouse must prove the veteran’s death was related to a service-connected condition. Zajac says special monthly compensation benefits, back problems and post-traumatic stress disorder (PTSD) claims also make up a majority of appeals.

There are basically four outcomes for a veteran’s case: settlement, remand, reverse or loss. A settlement is when the VA is willing to give the veteran the benefit he or she was appealing, but Blauhut says that almost never happens.

“Usually the best-case scenario is that VA admits they made an error, but the error is not 100 percent determinative, so the VA says, ‘Yeah, you’re right. We didn’t review the medical evidence,’ or ‘We didn’t look at something else that was important,’ ” she says. “So, the answer then is to remand the case and do it over. Those are most of our cases, and those are most of our wins. And for the veteran, it keeps the case alive. It keeps their effective date alive … for any benefits they may eventually get.”

A remand can come in two forms: Either the court decides the board was wrong, or there can be a joint motion for remand, where the VA agrees there was an error and the case needs to be redone.

“If I can find an error, that let’s say, whatever VA medical opinion the board relied on to make the decision didn’t even talk about the right part of the body — it happens,” says Zajac. “Then, I point that out as a legal error, that they relied on an inadequate medical examination, and the court remands, so they send the file back to the board, saying, ‘Board, you did this wrong. You need to do it right. This is how you do it right.’ And at that point, the veteran can also submit additional information, which we advise them on.”

The court can also reverse the board’s decision and outright award a benefit, but that is rare.

“Getting those benefits is just the difference between having a dignified life and really struggling and getting all the medical help,” Blauhut says.

**PVA’s Connection**

If a veteran loses or if the VA secretary doesn’t like the decision at the CAVC, the U.S. Court of

From left, Hart Mankin, John “Jack” Farley and Donald Ivers were some of the first judges on the U.S. Court of Appeals for Veterans Claims.
Appeals for the Federal Circuit (CAFC) is the next step, followed by the U.S. Supreme Court.

Zajac says PVA has a current case it plans to appeal to the CAFC challenging the CAVC’s affirmation that the VA’s 90-day service requirement for presumption of service connection for amyotrophic lateral sclerosis (ALS) is correct.

“The PVA member doesn’t have 90 days of service, but he was injured during service, so he was discharged because of the injury,” Zajac says. “So he has veteran status, but because he was discharged before the 90 days of service and now has ALS, he doesn’t qualify for the presumptive service connection for ALS.”

She says if they lose at the CAFC, she imagines they would try to take the case to the U.S. Supreme Court.

“It’s a big one for our membership, and any veteran that has ALS who doesn’t have the 90-day service is automatically excluded from the presumption,” Zajac says. “The idea being that ALS takes lives so quickly, they don’t have the time to sit around and figure out how to show that there is a connection, and medical science doesn’t even really know what the connection is between time of service and ALS.”

But PVA’s involvement with the CAVC is nothing new; it stretches back to the court’s inception.

“A lot of veterans service organizations opposed the idea of attorney practice [in veterans’ cases] and judicial review,” Blauhut says. “They didn’t want attorneys in the system. They wanted VA to remain isolated and be its own thing, and PVA was more forward-thinking. So we took a big role and sort of embraced the idea of continuing to represent our members, not just in the VA process but beyond the VA process. Pretty early on, we set up an appellate litigation office for veterans we represented or our members who wanted to challenge their VA decisions and take them to the new court.”

While PVA provides complimentary representation for its members, the organization is also one of the founding members of the Veterans Consortium Pro Bono Program, which is made up of lawyers from every state who volunteer their services to help any veteran with an appeal. Zajac says PVA’s lawyers choose which PVA member and non-member cases to take based on whether they can make legitimate arguments that the VA applied its own statutes or regulations incorrectly.

“The more you’re in one [a court], the more opportunities you have to present arguments that will be favorable to our membership of how things should be interpreted,” she says. “So having a foot in with non-member cases gives us the opportunity to keep the law favorable to veterans.”

It’s cases like one Hagel reviewed in 2006 during his time as a judge concerning what type of information could be placed on a veteran’s headstone that can impact not just veterans, but broader areas of the law, too.

“There was a group called Wiccans who were seeking to get approval to have their symbol as one of the symbols that could be authorized to be placed on a veteran’s headstone, and the VA was dragging its feet...
in making a decision,” Hagel says. “That was interesting because it dealt with First Amendment issues and the authority of the [VA] secretary and so forth.”

The VA settled in 2007, agreeing to add the Wiccan pentacle to its list of approved religious symbols for engraving on veterans’ grave markers.

It’s also individual cases like that of Charles Tocci, a PVA national service officer at the Syracuse VA Medical Center for about seven years, that have the potential to help other veterans.

In October 2007, the Army veteran sustained a level C4 incomplete spinal-cord injury (SCI) in a motorcycle accident, resulting in hemiplegia. He was initially approved for service connection for PTSD, then filed a claim for SCI secondary to PTSD about six years ago.

“I wasn’t sure if it [my neck injury] was eligible for service connection, but then upon hiring with PVA and obviously getting much more education on the topic, I started building the claim and submitted it,” he says. “Ultimately, VA’s denied it for random different issues that haven’t been brought up in the past that were all argued and conceded, so they’re still denying it based on new things that weren’t brought up previously.”

His appeal at the CAVC was remanded to the VA in April. Tocci says having the secondary service connection could qualify him for the Specially Adapted Housing Grant, which would allow him to move into a home that’s more suited for his disabilities. But that’s not his motivating factor.

“I just feel VA needs to do what’s right, and I think they should do that across the board,” Tocci says. “Working with veterans daily, that’s my expectations for myself, as well as every veteran that we represent. Just to do what’s right and apply the regulations and statutes appropriately.”

He says going through the appeals process personally gives him an appreciation for what other veterans are experiencing.

“There’s a lot that can be done prior to a claim going to an appeal,” Tocci says. “It’s just getting as much evidence as you can supporting your argument to VA prior to it getting to an appeal. I get phone calls from veterans three years into their claim that’s pending, and they’re irate. So for me to say, ‘I work for the organization. They’re representing me. I’m on year five or six of my own appeal. You just need to understand that things take time.’ And then we can assure them that everything is being done on their behalf.”

Standing, from left, U.S. Court of Appeals judges Robert Davis, William Moorman, Alan Lance Sr., and Mary Shoelen; and seated, from left, Judge Bruce Kasold, Chief Judge William Greene and Judge Larry Hagel are pictured circa 2004.
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**Stem Cell Grafts To Restore Connections**

Using stem cells to restore lost functions because of spinal-cord injury (SCI) has long been an ambition of scientists and doctors.

Nearly 18,000 people in the United States sustain SCIs each year, with another 294,000 persons living with an SCI, usually involving some degree of permanent paralysis or diminished physical function, such as bladder control or difficulty breathing.

In a new study published Aug. 5 in *Cell Stem Cell*, researchers at the University of California (UC) San Diego School of Medicine report successfully implanting highly specialized grafts of neural stem cells directly into SCIs in mice, then documenting how the grafts grew and filled the injury sites, integrating with and mimicking the animals’ existing neuronal network.

**Firing Neurons**

Until this study, neural stem cell grafts being developed in the lab were sort of a black box, says the study’s first author Steven Ceto, a postdoctoral fellow in the lab of Mark H. Tuszynski, MD, PhD, professor of neurosciences and director of the Translational Neuroscience Institute at UC San Diego School of Medicine.

Although previous research, including published work by Tuszynski and colleagues, had shown improved functioning in SCI animal models after neural stem cell grafts, scientists did not know exactly what was happening.

“If we knew that damaged host axons grew extensively into [injury sites], and that graft neurons in turn extended large numbers of axons into the spinal cord, but we had no idea what kind of activity was actually occurring inside the graft itself,” Ceto says. “We didn’t know if host and graft axons were actually making functional connections, or if they just looked like they could be.”

Putting all these results together, it turns out that neural stem cell grafts have a remarkable ability to self-assemble into spinal cord-like neural networks that functionally integrate with the host nervous system.” — Steven Ceto

Ceto, Tuszynski and colleagues took advantage of recent technological advances that allow researchers to both stimulate and record the activity of genetically and anatomically defined neuron populations with light rather than electricity. This ensured they knew exactly which host and graft neurons were in play, without having to worry about electric currents spreading through tissue and giving potentially misleading results.

They discovered that even in the absence of a specific stimulus, graft neurons fired spontaneously in distinct clusters of neurons with highly correlated activity, much like in the neural networks of the normal spinal cord.

When researchers stimulated regenerating axons coming from the animals’ brain, they found that some of the same spontaneously active clusters of graft neurons responded robustly, indicating that these networks receive functional synaptic connections from inputs that typically drive movement. Sensory stimuli, such as a light touch and pinch, also activated graft neurons.

“We showed that we could turn on spinal cord neurons below the injury site by stimulating graft axons extending into these areas,” Ceto says. “Putting all these results together, it turns out that neural stem cell grafts have a remarkable ability to self-assemble into spinal cord-like neural networks that functionally integrate with the host nervous system.” — Steven Ceto
host nervous system. After years of speculation and inference, we showed directly that each of the building blocks of a neuronal relay across spinal-cord injury are in fact functional.”

Moving To Clinical Trials
Tuszynski says his team is now working on several avenues to enhance the functional connectivity of stem cell grafts, such as organizing the topology of grafts to mimic that of the normal spinal cord with scaffolds and using electrical stimulation to strengthen the synapses between host and graft neurons.

“While the perfect combination of stem cells, stimulation, rehabilitation and other interventions may be years off, patients are living with spinal-cord injury right now,” Tuszynski says. “Therefore, we are currently working with regulatory authorities to move our stem cell graft approach into clinical trials as soon as possible. If everything goes well, we could have a therapy within the decade.”

Co-authors of the study are Kohel J. Sekiguchi and Axel Nimmerjahn of the Salk Institute for Biological Studies in La Jolla, Calif., and Yoshio Takashima, UC San Diego and Veterans Administration Medical Center in San Diego.

Funding for this research came, in part, from Wings for Life; the University of California Frontiers of Innovation Scholars Program; the Veterans Administration (Gordon Mansfield Spinal Cord Injury Collaborative Consortium); the National Institutes of Health; The Craig H. Neilsen Foundation; the Kakajima Foundation; the Bernard and Anne Spitzer Charitable Trust; and the Dr. Miriam and Sheldon G. Adelson Medical Research Foundation.

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Bone Marrow Failure In SCI

Research conducted at The Ohio State University Wexner Medical Center and The Ohio State University College of Medicine has found that spinal-cord injuries (SCI) in mice cause an acquired bone marrow failure syndrome that may contribute to chronic immune dysfunction.

“We also found that it’s possible to overcome certain aspects of spinal-cord injury-induced bone marrow failure. This could have an immediate impact on people affected by spinal-cord injury,” says lead author Phillip Popovich, chair of the Ohio State Department of Neuroscience and executive director of Ohio State’s Belford Center for Spinal Cord Injury and Center for Brain and Spinal Cord Repair, in a press release.

Findings are published online in the July 24 journal Nature Communications. SCI is known to cause immune system dysfunction, which increases the risk of infections. Immune cells are made in the bone marrow. Healthy bone marrow requires proper communication with the nervous system, notably the spinal cord.

“Now, a group led by University of California, Riverside, professors Jacques S. Yeager Sr., Victor Rodgers and Devin Binder have created an osmotic therapy device that gently removes fluid from the spinal cord to reduce swelling in injured rats — with good results. The authors have found in previous studies that relatively small increases in the percent of water content can cause significant swelling in the brain. These experiments showed the osmotic therapy device removed enough water to prevent brain swelling and was capable of removing even more. They also found that removing the excess water quickly enough in brain swelling improved neurological outcomes. This is a key hope for the spinal cord device, as well. The team plans to continue improving the device.

Reducing Post-Injury Swelling

When injured, the spinal cord swells, restricting blood flow and causing critical and permanent motor, sensory and autonomic function damage.

Our research shows that spinal-cord injury causes stem cells in the bone marrow — those required to make new immune cells — to rapidly divide. But after cell division, these cells become trapped in the bone marrow. We discovered one possible explanation for this,” says first author Randall S. Carpenter. Notably, in bone marrow of mice with SCI, there’s an increase in chemical signaling between stem progenitor cells and support cells in the bone marrow. This enhanced signaling locks the cells down so they can’t move away from the “niches” in which they are born and develop.

This lockdown can be reversed by post-injury injections of the Food and Drug Administration-approved drug Plerixafor. Even though Plerixafor frees blood stem cells and mature immune cells from bone marrow, other techniques showed that the intrinsic long-term functional capacity of bone marrow stem/progenitor cells is still impaired for several months post-injury. Bone marrow failure diseases develop when the bone marrow can’t produce enough healthy mature white and red blood cells. Normal aging and various diseases, including diabetes, cancers and chemotherapy, also trap mature and immature cells in the bone marrow.

“In spinal-cord injury patients, Plerixafor could be a potentially safe and effective way to mobilize cells from the bone marrow niche to help restore immune function. In fact, Plerixafor is already used in other clinical indications to help reverse immunodeficiency in patients; it just hasn’t been used after spinal-cord injury,” Popovich says. “While this study was done in mice, these new data help explain observations that have been made in humans with spinal-cord injuries. More research is needed to understand why the bone marrow failure develops and whether it’s permanent.”

Rapid prevention of spinal cord swelling immediately after injury is key to preventing more serious damage. The only treatment to date has been steroid therapy with methylprednisolone, which is minimally effective.

“We also found that spinal-cord injury causes stem cells in the bone marrow — those required to make new immune cells — to rapidly divide. But after cell division, these cells become trapped in the bone marrow. We discovered one possible explanation for this,” says first author Randall S. Carpenter. Notably, in bone marrow of mice with SCI, there’s an increase in chemical signaling between stem progenitor cells and support cells in the bone marrow. This enhanced signaling locks the cells down so they can’t move away from the “niches” in which they are born and develop.

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through longer experiments on rats before eventually moving on to human trials. Rodgers and biomedical sciences professor Byron Ford are developing a similar device that drains fluid directly from the brain and introduces neuregulin-1, a molecule produced naturally by the body to regulate communication between cells in the brain and heart, promoting their growth, in order to reduce damage of severe strokes.


Contributor: Holly Ober/University of California, Riverside

Autonomous Vehicles Study

The University of Pittsburgh was recently selected by the U.S. Department of Transportation to help advance research and education programs that address...
critical transportation challenges facing the U.S.

The department awarded Pitt $1 million to study the implications of accessible automated vehicles and mobility services for people with disabilities, in consortium with the Uniformed Services University of Health Sciences and The Catholic University of America.

Rory Cooper, PhD, will lead the project from Pitt’s end. He is the director of the Human Engineering Research Laboratories at Pitt and associate dean for inclusion in Pitt’s School of Health and Rehabilitation Sciences.

Cooper has over two dozen patents related to improved mobility for people with disabilities, including wheelchair accessories and improved prosthetics.

The team has partners and advisers from Toyota Mobility Foundation, Merlin Mobility, Paralyzed Veterans of America, the University of Pittsburgh Medical Center health system and the City of Pittsburgh and Allegheny County Task Force on People with Disabilities.

**Treating Shoulder Pain**

Researchers in regenerative rehabilitation conducted a pilot study of a new approach to treatment-resistant shoulder pain in wheelchair users with spinal-cord injury (SCI) and rotator cuff disease.

Results were encouraging in the study of six participants who received a combination of a single injection of platelet-rich plasma (PRP) into the supraspinatus tendon and a home-based exercise program of stretching and strengthening, according to a press release from Kessler Foundation in East Hanover, N.J.

The article, Ultrasound-guided platelet-rich plasma injection for the treatment of recalcitrant rotator cuff disease in wheelchair users with spinal cord injury: A pilot study, was published online in May by the *Journal of Spinal Cord Medicine*.

The study was conducted at the Derrfer-Lieberman Laboratory for Regenerative Rehabilitation Research in the Center for Spinal Cord Injury Research at Kessler Foundation, under the direction of Trevor Dyson-Hudson, MD.

The pilot study’s objective was to evaluate the safety and treatment effect of PRP injection in wheelchair users with SCI and shoulder pain unresponsive to conservative treatment. Six male participants, three with paraplegia and three with tetraplegia, completed the study. All were wheelchair users with a history of chronic SCI and bilateral shoulder pain.

Treatment consisted of bilateral injection of PRP into the shoulder joints. After a 24-hour rest period, participants started a stretching regimen that transitioned to a strengthening protocol at one month post-injection.

Follow-up was conducted at four, eight, 12 and 24 weeks, consisting of ultrasound evaluation, physical examination and assessment of pain level. All participants reported decreased pain, with three describing their pain as “much improved” and one “very much improved.” No adverse effects were reported.

In this population, shoulder pain is a common cause of disability that hinders functional independence, according to Dyson-Hudson.

While surgery is an option for pain that fails to respond to conservative treatment, drawbacks include the costs and the functional limitations during prolonged post-operative recovery.

“Conservative treatments that provide alternatives to surgery are needed for this population,” he says. “Injection of PRP, which may promote healing of the injured tendon, combined with a graduated exercise program, is a potential option for these individuals. Based on our pilot study, a larger randomized controlled trial is warranted.”

For more information about Kessler Foundation’s current research studies, email researchstudies@kesslerfoundation.org.
Quad Rugby Invitational

Paralyzed Veterans of America (PVA) announced it will host its fourth annual Quad Rugby Invitational next fall in October 2021. It’s name changed from the Code of Honor Invitational, which it had been called since it started in 2018.

For each of the past three years, PVA has hosted wheelchair rugby teams from across the country, along with a PVA-at-large team, that compete in a three-day tournament.

More details will be announced in the coming months. For more information, visit pva.org/sports.
Vietnam Veterans & VA Claims

In 1975, the United States left Vietnam in a hurry. Equipment was abandoned, thrown overboard or simply didn’t make it back home. The veterans who left Vietnam had their own baggage they brought with them, and the Department of Veterans Affairs (VA) is still trying to compensate for those issues.

The youngest Vietnam veterans are now in their 60s. A large number of Vietnam veterans are just now getting around to filing a claim for benefits. Many veterans say the main reason for the delay is that they’re coming to terms with the fact that they won’t be here forever and are concerned about benefits for their spouse or dependents.

Several changes over the years have helped expand benefits for Vietnam veterans. The Nehmer v. U.S. Department of Veterans Affairs legal decision in 2002 granted retroactive benefits for disabilities that are related to Agent Orange (AO) exposure.

Last year, the Blue Water Navy (BWN) Vietnam Veterans Act of 2019 extended those same benefits to ship-board personnel who were within 12 nautical miles of the Vietnam coastline.

Benefit Changes

In January 2020, the VA amended its AO locations outside of Vietnam. Although the VA isn’t perfect, there are benefits available for Vietnam veterans and their families.

Several disabilities are associated with AO exposure, but the most prevalent are diabetes, coronary artery disease, prostate cancer, lung cancer and Parkinson’s disease. Others associated with it include:

- Light-chain amyloidosis
- Chloracne or other acneiform disease consistent with chloracne
- Type 2 diabetes (also known as Type 2 diabetes mellitus or adult-onset diabetes)
- Hodgkin’s disease
- Ischemic heart disease, including, but not limited to, acute, subacute and old myocardial infarction; atherosclerotic cardiovascular disease and coronary artery disease, including coronary spasm and coronary bypass surgery; and stable, unstable and Prinzmetal’s angina
- All chronic B-cell leukemias, including, but not limited to, hairy cell leukemia and chronic lymphocytic leukemia
- Multiple myeloma
- Non-Hodgkin’s lymphoma
- Parkinson’s disease
- Early-onset peripheral neuropathy
- Porphyria cutanea tarda
- Prostate cancer
- Respiratory cancers (cancer of the lung, bronchus, larynx or trachea)
- Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi’s sarcoma or mesothelioma)

Even if a Vietnam veteran was a heavy smoker for the last 40 years and develops lung cancer, if he or she can show “boots-on-the-ground” or qualifying BWN service, the VA will grant benefits for lung cancer because of AO exposure.

Not only will that veteran be eligible for monthly compensation for his or her service-connected disability, he or she will also be entitled to free medical care and treatment through the VA.

In addition, should one of these disabilities be the cause of death or contribute to the death of a Vietnam veteran, the veteran’s spouse will then be eligible for benefits of his or her own.

PTSD

Another important change resulted from Procopio v. Wilkie, which was a landmark decision in 2019 that led to an expanded population for AO benefits provided by the federal government.

As of January, the VA is now granting those same benefits, provided to those with verified boots-on-the-ground service, to BWN veterans.
and their families. This battle has been long and arduous for members of the armed forces who served just offshore and have been diagnosed with the same disabilities as their landlocked counterparts.

Proving the veteran’s water vessel was within the required 12 nautical mile allowance is sometimes difficult, but this is where an experienced representative can assist. He or she can also assist in proving boots-on-the-ground service.

In addition to AO exposure disabilities, many Vietnam veterans contend with post-traumatic stress disorder (PTSD). This disability can present later in life and many years after the combat stressors were endured in Vietnam.

Although PTSD has a negative connotation in social circles, the VA has expanded its PTSD treatment to accommodate not only Vietnam veterans but the many veterans returning from Gulf War service. Additionally, veterans can file claims for hearing loss and tinnitus because of the noise exposure experienced in combat areas.

Rightfully Earned
Some Vietnam veterans may believe they don’t need the money or maybe someone else needs it more than they do. Compensation or medical care for disabilities related to AO exposure isn’t charity, a handout or anything other than rightfully earned benefits resulting from military service.

Consider filing a claim for benefits or at least seeking treatment at the VA for the disabilities resultant of Vietnam service.

Those who have family members or friends who served in Vietnam should ensure they are aware they may be eligible for benefits, as well.

For questions or more information, contact your local Paralyzed Veterans of America (PVA) national service officer (NSO) from the roster on page 42.

A 24-year Army veteran, Dan Meckel previously worked for the VA as a rating specialist and now serves as a PVA NSO in Waco, Texas.
pva service office roster

ALABAMA
VARO, Montgomery
800-795-3581
334-213-3433

ARIZONA
VARO, Phoenix
800-795-3582 / 602-627-3311

ARKANSAS
VARO, North Little Rock
800-795-9236 / 501-370-3757

CALIFORNIA (Hawaii, Manila)
VAMC, Long Beach
800-795-3584
562-826-8000, ext. 23774
VARO, Los Angeles
310-235-7796
VAMC, Mather
916-843-2602
VAMC, Palo Alto
650-493-5000, ext. 65046
VARO, Rancho Cordova
800-795-3587 / 916-364-6791
VAMC, San Diego
858-552-7519
VARO, San Diego
800-795-3586 / 619-400-5320

Vocational Rehabilitation Office
Long Beach
888-771-8387, ext. 24607,
562-826-8000, ext. 24607

COLORADO (Wyoming)
VARO, Denver
800-795-3588 / 303-914-5590

DELWARE
VARO, Wilmington
800-795-3589 / 302-993-7252

DISTRICT OF COLUMBIA
PVA National Office
800-424-8200 / 202-872-1300

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VAMC, Lake City
386-755-3016, ext. 2236
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VAMC, Orlando
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VAMC, Tampa
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774-826-2219

Vocational Rehabilitation Office
West Roxbury
857-203-6091

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VARO, San Juan
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SOUTH DAKOTA (North Dakota)
VARO, Sioux Falls
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VARO, Nashville
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713-794-7993
VARO, Houston
800-795-3571 / 713-383-2727
VAMC, San Antonio
800-795-3572
210-617-5300, ext. 16819
VARO, Waco
800-795-3573 / 254-299-9944

Vocational Rehabilitation Office
San Antonio
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210-617-5300, ext. 10148

VIRGINIA
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757-722-9961, ext. 2943
VAMC, Richmond
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VARO, Roanoke
800-795-3575 / 540-597-1707

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VARO, Huntington
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