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*NEPVA BOD members meet with Senator Kelly Ayotte (NH). (Shown l to r) Mike Guilbault, Neal Williams, Senator Ayotte, Dustin Soroka, Walter Farrington, and Pat Farrington. Article by Debra Freed*

## We Will Never Stop: Continuing to Advocate Long After our Visits to DC End NEPVA Attends the Annual PVA Advocacy/Legislation Seminar, March 4-7, 2013

I can post thank-yous on my Facebook page but many of you are not on FB or not FB friends. It can never be said enough: Thank You to Walter & Pat Farrington, Neal Williams, Mike Guilbault, and Dustin Soroka for spending several days of their lives advocating for all of our New England members, veterans, and the disabled community. They started Monday on the Hill with several appointments on the House side. Tuesday, they spent the entire day on the Senate side. Wednesday, due to weather was a day of rest for everyone. Although closed, we could still call and speak to people.

Prior to their visit, NEPVA made a number of appointments on both the Senate and House side. Please keep in mind NEPVA has all six New England states or 21 Representatives and 12 Senators. Appointments were either on the House side or the Senate side except for Thursday, we had to split the day between the House and Senate. We were able to get 9 of 12 Senate appointments and eleven out of 21 House appointments. Pretty good odds for a small group!

I would like to thank all the staff from all of the Senate offices that met with NEPVA. We

were unable to connect with the two new MA Senators or one of the Senators from NH. On the House side, there were more drop-offs than appointments but even with the drop-offs a number of them took the time to meet with the group or individually. I will be forwarding letters to their offices as well.

Oh yes, before I forget, it most definitely must be mentioned that NEPVA took the Chapter mini-van down to DC. NEPVA had requested through a couple of congressional offices to be allowed to park on the Hill. This is a rare and honored privilege. NEPVA was granted that privilege. This kept everyone together, saved everyone time, and money. A huge thanks to Capitol Police and the Sergeant at Arms for moving the request forward, it truly, truly was appreciated.

*continued on page 4*



PARALYZED VETERANS of AMERICA  
**NEW ENGLAND CHAPTER**

NEPVA ADMINISTRATIVE OFFICE  
 1600 PROVIDENCE HIGHWAY-SUITE 143  
 WALPOLE, MA 02081  
 TEL: (508) 660-1181, 1-(800) 660-1181  
 FAX: (508) 668-9412; e-mail: info@nepva.org  
 web: www.nepva.org  
 Office Hours: Monday-Friday 9:00am-4:30pm

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 Vice President, Dustin Soroka  
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Executive Director, Debra Freed  
 Cord Word Editor, Judy Goldstein  
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 Cord Word Design & Web Master, Harley Freedman

Monthly meetings are held every first Wednesday of the month at the NEPVA office in Walpole, Ma. The executive board meets at 10:30 A.M. Followed by the regular membership meeting at 1:00 P.M.

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**IN REMEMBRANCE**

We deeply regret the passing  
 of our Chapter Members:

**Kenneth L. Cushman**  
**Alfred Gibson**

*and extend our heartfelt sympathy  
 to family and friends.*

NATIONAL SERVICE OFFICE  
 PARALYZED VETERANS OF AMERICA  
 BOSTON VA REGIONAL OFFICE  
 J.F.K. FEDERAL BUILDING - Room - 1575 C  
 BOSTON, MA 02203  
 TEL: (617) 303-1395 & 1-800-795-3607  
 Fax: (617) 723-7467

Eastern Region Director, Joseph E. Badzmierowski  
 Senior Secretary, Ann Marie Wallace

PVA NATIONAL SERVICE OFFICE  
 TOGUS, VARO, 1 VA CENTER  
 BLDG 248, ROOM 112  
 AUGUSTA, ME 04330  
 SERVING MAINE, NEW HAMPSHIRE AND VERMONT  
 TEL:(207) 621-7394, FAX: (207) 621-4829  
 TOLL FREE: 866-795-1911  
 National Service Officer III, John Stansbury  
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## President/National Director's Report

By Craig C. Cascella  
NEPVA President

**O**n March 4-10, I attended PVA's Mid-Winter Board (M-W BOD) meeting in Arlington, VA. Also in attendance at the M-W BOD were Joe Badzmirowski, PVA Eastern Region Director, and NEPVA Executive Director Debra Freed, who prior to the meeting was busy with visiting New England politicians during PVA's Advocacy & Legislation Seminar. PVA conducts many different forms of business during the M-W BOD, such as discussing past, recent, and future activities, as well as PVA policies and procedures. Having the meeting in Arlington, VA, made it easier for many of PVA's staff to attend the meeting in person and convey their reports and answer any questions posed by the National Board of Directors. Some highlights of the meeting included:

- PVA Speedy Award (Member Category): John Bollinger
- PVA Speedy Award (Non-Member Category): Robert Nelson

**Guest Speaker:** Congressman Jeff Miller (FL), Chairman of the House Committee on Veterans' Affairs. Congressman Miller is a staunch proponent for veterans and many veterans' initiatives. Congressman Miller has supported numerous tax relief measures and has fought for less government, less taxes, and more personal freedoms. Congressman Miller was very cordial and sincere in discussing many issues facing our Nation's veterans and also answered many questions posed by National Directors in attendance.

The PVA Annual Convention will be in August 2013 in Long Beach, CA.

The PVA Healthcare Summit will be in late August 2013 in Orlando, FL. For SCI staff wishing to attend, please contact the PVA National Office for more information.

### In New Business Resolutions:

PVA's fiscal year will now be from July 1 through June 30. This was approved to assist PVA's staff and senior management to better allocate and report funds, as well as better determine PVA's programs and operations. With this change, future PVA M-W Board meetings and Annual Convention dates will be changed from their usual or past expected dates.

New England PVA submitted a resolution regarding monetary advances for approved staff and attendees attending PVA meetings. Advances will change to a GSA per diem rate based upon the city where the specific meeting is being held. This will make filling out expense reports much easier for staff and attendees, save PVA money, but still allow certain exceptions to the



*Congressman Jeff Miller (FL), Chairman of the House Committee on Veterans' Affairs.*

policy by approval of the PVA National President should any unforeseen incidents arrive.



### In other local news: New Check-in Kiosks Coming to VA Maine HCS

At VA Maine HCS, our mission is to give Veterans the best access to their health care. We are constantly striving to improve their health care experience and are adding self-service kiosks to streamline appointment check-in to make it more convenient for Veterans, similar to systems used in airport terminals.

VetLink kiosks have touch-screen technology that will give Veterans easy access to make changes to their health information. On VetLink, you can:

- Check-in for a previously scheduled medical appointment
- Update contact information
- Update demographic information
- Update and validate insurance information
- View account balance
- Print an appointment itinerary slip

VetLink kiosks will be available at the Togus Main Campus and at the CBOCs in Caribou, Bangor, Lewiston, Portland, and Saco. Staff and volunteers will be available to help check in. To

*continued on page 5*

## Executive Director's Report

*continued from page 1*

*By Debra Freed  
Executive Director*

Monday was the House side. Tuesday's Senate appointments were pretty good. The group met with 7 different Senators throughout the day, even the Junior Senator from Maine, Mr. Angus King. Because of weather on Wednesday, although they claim to shut down Congress, I was able to call and move the Wed appointments to Thursday. Success rate was 75%. On Thursday, we had House and Senate appointments.

We spoke about the various position papers PVA National had requested we discuss. Although the budget is always a huge, huge issue, we did not focus solely on that. Some of the other issues were: Claims Processing, Delivery of Prosthetic Devices, Improving travel benefits for severely disabled veterans, PVA's opposition to both H.R. 203 and to cuts to the Cost of Living Adjustment (COLA) because the VA COLA is tied to the Social Security COLA.

Some of these issues would seem to you and I as "no-brainers". For those not familiar with HR 203, it concerns blocking the Department of Justice's (DOJ) requirement to remove barriers to swimming pools. Swimming pools were not subject to the original barrier removal requirement (ADA

–1992). All establishments could have made modifications if they chose to under the original ADA. The DOJ updated the

ADA regulations in 2010 to include pools. The regulation gives the hotel/motel industry five years to act. When the Veterans Games were in Virginia in 2012, the hotel NEPVA Coasters stayed at had a lift to get a wheelchair user up to the level of the pool and then had an in-ground Hoya Lift at one corner, but the problem

was the outside lift didn't work because it was not protected from the weather. If places like Mohegan Sun and Foxwoods could institute this change and countries like the Dominican Republic can accommodate access to their pools, why is Congress trying to prohibit a truly readily achievable obligation?

The hotel/motel industry has spent millions fighting this regulation for the past two years. The simple reason is lobby. It is a powerful word requiring those of us who perform that function to never cease on behalf of our members, veterans, and the disabled community.

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*We spoke about the various position papers PVA National had requested we discuss. Although the budget is always a huge, huge issue, we did not focus solely on that.*

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(Shown l to r): Neal Williams, Pat Farrington, Senator Susan Collins (ME), Walter Farrington, Dustin Soroka, and Mike Guilbault.



(l to r): Recently elected Senator Angus King (ME) meets with Dustin Soroka and Neal Williams.

## Service Officer's Report

By Brenda L. Vazquez-Alvarez,  
Senior NSO, Bronx, NY

### Announcing the New Increase for the Automobile Grant and Adaptive Equipment

**Effective October 1, 2012** Public Law 112-198, increases the amount of financial assistance for the Automobile and Adaptive Equipment Grant from \$18,900 to \$19,505. The recipient is entitled to one Automobile Grant during his or her lifetime. The benefit is paid toward the purchase of a vehicle for eligible veterans or active duty members.

In accordance with 38 CFR 3.808, the Department of Veteran Affairs will provide financial assistance for one vehicle if the veteran or active duty member is service-connected for the following disabilities:

- Loss or permanent loss of use of one or both feet
- Loss or permanent loss of use of one or both hands
- Permanent impairment of vision of both eyes who have a central visual acuity of 20/200 or less in the better eye with corrective glasses, or central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees in the better eye.
- For adaptive equipment eligibility only, service-connected Ankylosis is of one or both knees or hips

A veteran will need to complete and submit a VA Form 21-4502 (Application for Automobile and Adaptive Equipment Grant) to their local Veteran Affairs Regional Office. The VA [www.nepva.org](http://www.nepva.org)

will complete section two of the form and return it to the veteran. The recipient will take the form and the letter of instructions to the seller of the automobile to show entitlement that the grant has been established. Once the veteran and the seller agree on the purchase price and the transaction occurs, the veteran completes section three of the form and gives it to the seller.

The seller will attach the window sticker or invoice stating the VA owes \$19,505 to the form and mail it to the local VARO's finance office. The VA will send a check to the dealership and under no circumstance shall the veteran

pay the seller the \$19,505 directly. The grant money is only paid to the seller of the vehicle.

Lastly, once eligibility to the automobile grant has been established you are allowed to adapt up to two vehicles every four years at no additional cost. If you have any questions, please contact your local PVA Service Officer. If you do not know who your local PVA National Service Officer is you can visit our PVA website ([www.pva.org](http://www.pva.org)) or you can also contact Paralyzed Veterans of America National Headquarters at 1-800-424-8200.

### President's Report

*continued from page 3*

use VetLink, Veterans can use their Veterans Identification Card (VIC).

VA Maine HCS is committed to serving Veterans and meeting their changing needs. VetLink kiosks are another way VA continues to provide easy-to-use services to support patients, beneficiaries and their families.

### Electronic Funds Transfer for Travel Reimbursement

Beginning February 1, 2013 the White River Junction VA Medical Center (VAMC) and its clinics will be transitioning to a new method of processing travel reimbursement claims that have been nationally mandated. Veterans will be reimbursed for beneficiary travel via Electronic Funds Transfer (EFT) to a

checking or savings account. The benefit of the new EFT method is to streamline the travel claim process, improve our ability to track the status of your claim, cut down on long lines at the Agent Cashier, and make your VA visits more convenient. How do I start my EFT Payments? To receive EFT payments, you must complete the necessary form and return it to the Agent Cashier Office either in person or by mail. Once you have a checking or savings account and your EFT has been established, you can expect to receive reimbursement in 14 days from the date your claim was submitted to the VAMC. How will EFT affect me? You should make sure you have sufficient funds for your travel to and from your VA appointment since immediate cash reimbursement will no longer be an option. What if my EFT

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## President's Report

*continued from page 5*

account has not yet been established? All Veterans who have made a claim for travel reimbursement should submit the EFT Set Up Form (Also available at the Agent Cashier).

### VA New England Healthcare System Announces New Medical Center Director

WHITE RIVER JUNCTION, VT. — The Department of Veterans Affairs is pleased to announce the appointment of Deborah Amdur as the new director of the White River Junction VA Medical Center, Vt. Amdur will oversee a full-service hospital classified as a Complexity Level 2 facility that provides care to approximately 25,000 unique veterans from a two-state hospital service area of Vermont and New Hampshire, with an operating budget of \$150+ million.

“We are pleased to appoint Ms. Amdur as the new director of the White River Junction VA Medical Center,” said Dr. Michael Mayo-Smith, Veterans Integrated Service Network (VISN) 1 director. “Her sound leadership qualities and proven experience will be valuable assets for the facility, the employees and volunteers, and most importantly, for the Veterans we are honored to serve. We anticipate she will transition to this role at the medical center within the next 30 to 60 days.”

Amdur joined the VA more than 18 years ago and has held progressive leadership positions including Deputy Director for Health, Federal Recovery Coordination Program, Special

Assistant to the Secretary of Veterans Affairs at VA Central Office (VACO) in Washington, D.C., and Assistant Director at Washington D.C. VAMC. Most recently, she served as Chief Consultant, Care Management and Social Work Service at VACO since November, 2009 where she was instrumental in the development and implementation of VA's caregiver support program.

Amdur holds a Master of Social Work (MSW) from Washington University, St. Louis and a Bachelor of Arts from Cornell University. She is a member of the American College of Healthcare Executives (ACHE), National Association of Social Workers and the Academy of Certified Social Workers.

White River Junction VA Medical Center is part of the VA New England Healthcare System which includes eight medical centers, located in the six New England States: Vermont, New Hampshire, Maine, Connecticut, Rhode Island, and Massachusetts. It is an integral part of VISN 1 comprised of one main campus located in White River Junction as well as outpatient clinics in five Vermont locations: Bennington, Brattleboro, Colchester, Newport, and Rutland; and two New Hampshire communities, Keene and Littleton.

#### PVA Site Visit

PVA National Medical Services team members will be conducting its annual hospital site visit locally at the West Roxbury VAMC on April 23rd and 25th & at the Brockton LTC Unit on April 24th. We at NEPVA look forward

to another productive and positive visit at each facility.

As always, feel free to visit NEPVA's web site ([www.nepva.org](http://www.nepva.org)), PVA's web site ([www.pva.org](http://www.pva.org)), and the VA's web site ([www.va.gov](http://www.va.gov)) for up to date and recent news. If you have any questions, comments, or concerns please contact our office or your local NSO.

### Pool SAFE Act

Representative Mick Mulvaney (R-SC), with 24 co-sponsors, introduced H.R. 203, the Pool SAFE Act, on January 4, 2013. H.R. 203 would delay, again, the implementation of the Americans with Disabilities Act requirement for access to swimming pools and water recreation facilities. It prohibits any suit brought for an alleged violation of the requirements to provide an accessible means of entry to pools in Title III entities that occurred on or after January 31, 2013, until one year after enactment of this Act. H.R. 203 requires dismissal of any suit already in progress during this period, and bars the Department of Justice (DOJ) from investigating or initiating a compliance review of an alleged violation. DOJ also would have to revise its regulations that require a permanent lift to be installed at each water feature unless it is not readily achievable to do so – the 22 year old standards for barrier removal.

H.R. 203 was referred to the House Subcommittee on the Constitution and Civil Justice on January 25. PVA opposes this legislation.

# Sports & Recreation

By Brad Carlson  
Sports Director

Happy Spring (yeah right). For all the skiers out there, it's been a great winter.

I recently visited the PVA National Trap Shoot in Las Vegas, Nevada to do a site visit to understand how these shoots are run. It was a great three days of knowledge, so that we can have a successful shoot. NEPVA will be hosting a PVA National Trap Shoot which will be held in Scarborough, Maine, June 21 - 23, 2013. Don't miss out on this activity as it promises to be a great event. For more information on this event, call NEPVA or PVA.

On May 18 - 19, 2013, we will hold our 6th Annual Billiard Tournament

at Breakaway Billiards in Clinton, MA. Once again, this is a large event with many surprises, so please register early. Call the NEPVA office for a registration form. On-site registration starts Friday, May 17, 2013 at Breakaway Billiards and will continue on Saturday morning before the tournament starts.

Of course, don't forget the National Veterans Wheelchair Games to be held in Tampa, FL, June 13 - 18, 2013. Registrations are closed on our end, however, you can register on your own through PVA until April 15th.

On September 6 - 8, 2013, we will be holding another PVA National Bass

Tournament at Lake Winnepesaukee in New Hampshire. Visit the PVA website at [www.pva.org](http://www.pva.org) for information and registration.

There are also many local shoots coming up. All dates can be found on the NEPVA website. Next month, I will specify where and when all the shoots will be held.

That's all for now. Just get out there and have fun.



## US Veterans Invented Wheelchair Basketball

Many leaders of wheelchair basketball around the world have long believed that this sport originated in England, a myth that I have dispelled in my book, "Wheelchairs Can Jump." It was in 1945/46 that veterans of

*The first documented match occurred in California in 1946 and the second just two weeks later at the Cushing Veterans Hospital in Framingham, MA.*

World War II first played in government and Veterans Administration hospitals. The first documented match occurred in California in 1946 and the second just two weeks later at the Cushing Veterans Hospital in Framingham, MA. The first matches took place in hospital wards.

For example, in 1946 ward 505 at Cushing defeated ward 507, 14 to 12 (exact date not available). A complete box score can be found on page 8 of "Wheelchairs Can Jump." On November 29, 1946, the Birmingham Reporter in

California describes a match that took place between patients and doctors at the Birmingham VA Hospital as follows: "Plegics Win Wheelchair Game." The complete article and photo can be found on page 33 of "Wheelchairs Can Jump." In February of 1948, the Boston Herald offered the following headline: "Cushing Hospital Wheelchair Basket-

ball Team Routs Champion West Coast Paraplegics, 18-7."

The Cushing VA veterans even played and defeated the Boston Celtics at Boston Garden, a match described in the Framingham News on December 4, 1948. The headline read, "Cushing Wins over Celtics in Wheelchair Basketball." The complete article is on p. 34 of "Wheelchairs Can Jump."

These veterans would quickly become PVA members. Sadly, many veterans, even those who compete in wheelchair sports in New England are unaware of these significant achievements by US veterans.

Armand "Tip" Thiboutot  
[wheelchairscanjump.com](http://wheelchairscanjump.com)

# NEPVA Official Nomination Form – FY 2014



This is an official Nomination Form as approved by the Executive Board of the Paralyzed Veterans of America, New England Chapter. Your **nominees must be life members** of New England PVA.

INSTRUCTIONS: Fill in the names of your nominees. Return this form to the NEPVA office (address below). **To be valid, this form must be signed by you and filed with the Secretary before 4:30 pm, May 31, 2013.**

## Nominees For Officers

PRESIDENT: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TREASURER: \_\_\_\_\_

## Nominees For Executive Board

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ |          |

This official Nomination Form **must be signed by the member making the nomination(s) in order to be valid.** A letter will be sent to all persons nominated as candidates to sign acknowledging acceptance. This will be done by the Secretary.

\_\_\_\_\_  
Print NEPVA Member's Name

\_\_\_\_\_  
NEPVA Member's Signature

**Mail Form to: NEPVA, 1600 Providence Hwy., Ste 143, Walpole, MA 02081**



## PVA NEWS

*By Sherman Gillums Jr., PVA Associate  
Executive Director of Veterans Benefits*

### No More Prosthetics Delays: Time For Action!

Two years ago, when a veteran received a customized wheelchair, porch lift, or some other “durable medical equipment” from VA prosthetics, chances are the consult or request went from a clinician or therapist to a prosthetics purchase agent, who either put out a competitive bid to vendors or ordered from a reliable major vendor, such as Invacare or Sunrise Medical. While the process was not 100 percent flawless, the veteran generally received the life-critical items without excessive delay.

So when VA decided to transition how it acquires prosthetics by placing limits on the use of “Title 38 authority” and open more government contract opportunities to veteran-owned and small businesses, it would foreseeably and disproportionately impact PVA members, most of which rely on high-cost prosthetics more than any other segment of the veteran population. Before getting into the details of the new policy and its impacts, readers should fully understand Title 38 authority and what it means to limit its application.

Title 38 of the United States Code, section 8123, grants VA authority to procure prosthetics and services in any manner “the Secretary may determine to be proper without regard to any other provision of law.” When exercising this authority VA may “procure prosthetic appliances and necessary services required ...by purchase, manufacture, contract, or in such other manner as the

Secretary [of VA] may determine to be proper” [emphasis added].

Why is this important for PVA members to understand? This flexibility was granted to ensure that veterans with disabling conditions received devices and supplies that met their clinical needs. It also permitted VA to limit bidding competition when physicians require specific devices or equipment for patient care. The Federal Acquisition Register and VA Acquisition Register, the primary directives for the procurement of VA prosthetics, further sanction this intent.

What has seemingly happened though is a decreased emphasis on the needs of veterans in order to meet small business quotas and cut budget corners. As the Veterans Health Administration continues updating its policies and directives to guide clinical and procurement staff on the interpretation of Section 8123, PVA’s concern is whether the intent of the statute will reflect a shift from a focus on patients to price tags, and veterans will see more and more instances of delayed or denied prosthetics orders.

Now if this new process works as intended, a consult or prescription submitted by a service provider goes to the local prosthetics purchase agent. If the cost exceeds the statutory “micro-purchase” limit of \$3,000 (as most customized wheelchairs, patient lifts, etc. do), the request is forwarded to a network contracting agent. The contracting

agent will solicit bids from vendors, the vendor will deliver the product, and the veteran can get on with life. The order seamlessly moves through the process in a timely manner. The clinical details of the order do not get questioned or modified by contract representatives bearing no clinical expertise. The chosen vendor is capable of meeting the time and specifications of the bid. That is what is supposed to happen under the new process. But here is what actually happened to a couple of PVA members:

A veteran with terminal, service-connected ALS (Lou Gehrig’s Disease) and his elderly wife were prescribed a whole house generator in order to keep his ventilator working in the event of a power outage. VA prosthetics delayed the request by referring it to a Major Medical Equipment Committee, which demanded that the veteran produce 4 years of records from the electric company and his spouse’s health records to substantiate the claim. PVA sought the intervention of the VISN Director, after which the request was immediately approved. The same veteran was later prescribed an artificial ventilator but died 10 days after the equipment order was submitted. Records show the prosthetics chief sat on the request for a week, deciding whether she should rent or buy the equipment. When questioned, she answered there are no established timeframes for procurement and delivery of such devices in instances of terminal illness.

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## PVA EDUCATIONAL SCHOLARSHIP PROGRAM

### Purpose

The Paralyzed Veterans of America (PVA) primary goal has been to assist its members and their families in improving the quality of their lives.

This goal has been addressed through a variety of activities, including the establishment of the Educational Scholarship Program. This program assists PVA members and their immediate family members by providing scholarship funds to help with a post-secondary education.

PVA will award scholarships in the amount of \$1,000 to full-time students and \$500 to part-time students for an academic year.

### Eligibility

Applicant must be either a PVA member, the spouse of a PVA member, or an unmarried child (under 24 years of age) who is dependent (as defined by the IRS) on the member for principal support.

Applicant must be a citizen of the United States.

Applicant must be accepted and enrolled as a full-time or part-time student in an accredited US college or university.

Previous award recipients may apply.

### Submission Process

Individuals who wish to apply for the scholarship program can download the application at [www.pva.org](http://www.pva.org) or request an application be mailed to them via phone (800) 424-8200 Ext. 776, or via e-mail [christih@pva.org](mailto:christih@pva.org). Completed applications MUST be returned to PVA NO LATER THAN June 17, 2013. Late applications will not be accepted, no exceptions. In addition, any incomplete applications will not be considered.

For more details, please visit [www.pva.org](http://www.pva.org)



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## PVA NEWS continued

### Paralyzed Veterans Supports Introduction of H.R. 813 "Putting Veterans Funding First Act"

#### Bill Would Make All VA Programs Advance Appropriations

Paralyzed Veterans of America (Paralyzed Veterans) is offering strong support for H.R. 813, the "Putting Veterans Funding First Act of 2013."

This legislation would require all of the operational accounts of the Department of Veterans Affairs (VA) to be funded through advance appropriations.

"Veterans depend on the VA to provide the benefits and health care services they have earned, but late funding hampers the ability of the VA to provide those benefits and services in a timely manner," stated Bill Lawson, U.S. Army veteran and national president of Para-

lyzed Veterans of America. "This legislation will free the VA from the political wrangling that continues to prevent Congress from fulfilling its obligation to fund the federal government."

H.R. 813 was introduced by House VA Committee Chairman Jeff Miller (R-FL) and the Committee Ranking Member Michael Michaud (D-ME). "Paralyzed Veterans applauds Chairman Miller and Ranking Member Michaud for demonstrating that bipartisanship is not a dirty word," emphasized Lawson. "Veterans have benefited from the collaboration of Chairman Miller and Ranking Member Michaud, and we are pleased that they continue to put the

interests of veterans ahead of politics."

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*"Veterans have benefited from the collaboration of Chairman Miller and Ranking Member Michaud, and we are pleased that they continue to put the interests of veterans ahead of politics."*

*Bill Lawson*

*U.S. Army veteran and national president of Paralyzed Veterans of America.*

#### Prosthetics Delays

*continued from page 9*

A veteran with quadriplegia had his power chair ordered on August 15, 2012 by an SCI physical therapist. VA medical notes show that the order sat idle for about 4 weeks before being sent to the VISN contract office. The responsible contract representative sought three vendor bids then inexplicably closed the order after receiving none. The NSO contacted the VISN Prosthetics Representative (VPR) to find out why the order was delayed. The VPR attributed the breakdown to miscommunication between the VAMC and contracting, after which she directed her staff to bypass the system to procure the wheelchair locally. Two more orders were discovered to have similarly sat for 3-4 weeks before submission to contracting.

Stories such as these are becoming more common around the country. Although larger procurements like powered wheelchairs and porch lifts represent a small percentage of the total workload for the VA, they also represent the most critical equipment needed by the majority of PVA's members. Delays in these procurements prove costly to both the government, in terms of unnecessarily extended hospital stays while awaiting equipment, and to veterans, in terms of lost independence and quality of life.

Disheartening is the fact that PVA saw this coming and voiced these concerns to VA leadership well before the changes to the process were implemented. As predicted, the process has become broken for far too many

veterans who depend on prosthetics items to function. In response, PVA has embarked upon a concerted, nationwide effort to aggressively confront these delays and make the case to VA leaders that immediate action must be taken to fix it. In order to do this, we need to track how often delays occur and tell the personal stories of the consequences. Thus, PVA members should immediately notify their local PVA National Service Officer of delays in the receipt of major prosthetics items, particularly when they result in longer hospital stays. Members may also notify the Veterans Benefits Department National office by phone at 866-734-0857 (TTY: 800-795-4327) or by e-mail at [info@pva.org](mailto:info@pva.org).

## Washington Update

*Produced by PVA  
Government Relations Department*

### The Independent Budget for FY 2014 is Released

The FY 2014 Independent Budget (IB) was released on February 5, 2013. This year marks the 27th edition of the document, co-authored by AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars of the United States. More than 50 organizations from the veteran community endorsed the IB, and more than 1200 copies will be distributed nationwide. Since its inception, the IB has served as a resource for veterans, and those within the veteran community, to voice their concerns involving the Department of Veterans Affairs' (VA) benefits and health care services.

Each year the IB is concurrently released with the President's proposed

budget for VA and presented to Congress in early February. However, due to the fact that the Administration chose to delay the release of its FY 2014 Budget Request (likely until March) this year, the IB was released in advance of the Administration's FY 2014 projected budget for the VA. The document is comprised of five main sections—Benefits; Medical Care; Employment, Education, and Training; Construction; and National Cemetery Administration. Each section identifies issues involving VA services and makes recommendations to VA and Congress in an effort to improve the quality and delivery of VA services.

Of particular note, this year for the first time, the co-authors provided advanced appropriation projections for FY 2015

for VA medical care accounts. In 2011, as a result of The Independent Budget veterans service organizations' advocacy, Public Law 111-81 was enacted and mandates that Congress appropriate VA medical accounts one year in advance to ensure that the delivery of VA health care services are not negatively impacted by budgetary delays due to political wrangling. Once the Administration proposes a FY 2014 budget, the IB co-authors will testify before Congress, detailing the most pressing budgetary and policies issues from this year's document.

The Independent Budget is available at [www.independentbudget.org](http://www.independentbudget.org)

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## UPCOMING EVENTS

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**June 21-23, 2013**  
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## 2013 NEPVA Bass Trail Dates

**June 8** Charles River, Boston

**Sept. 14** NEPVA Bass Tournament,  
Lake Winnepesaukee, NH

