



The Independent Budget - FY 2010

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The Independent Budget for Fiscal Year 2010 (IB) is a comprehensive budget and policy document created by veterans for veterans. The *IB* is co-authored by AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars, to act as the voice of responsible advocacy.

Prior to the release of the *IB*, the Critical Issues Report was released to alert the Administration, Members of Congress, the VA, and the public to those issues concerning VA health care and benefits delivery.

In order to effectively predict the financial needs of the Department of Veterans Affairs, the *IB* takes into account changes in the size and age of the veteran population, cost-of-living adjustments, federal employee staffing, wages, medical care inflation, construction needs, the aging health-care utilization, benefit needs, efficient and effective means of benefits delivery, and estimates of the number of veterans and their spouses who will be laid to rest in our nation's cemeteries.

As a result, the following are critical issues for FY 2010:

1. Sufficient, timely, and predictable funding for VA health care;
2. The challenge of caring for our newest war veteran;
3. Maintain VA's critical medial facilities infrastructure;
4. Improvements needed in the claims process;
5. Seamless transition from the DOD to VA;
6. Human resource challenges facing the VA;
7. The National Cemetery Administration.

Specifically, the *IB* recommends that the new Administration and Congress invest \$54.6 billion in the VA, an increase of \$4.5 billion above the FY09 operating budget level, to adequately meet veterans' health-care and benefits needs.

Of that amount, \$46.6 billion

for health care, \$575 million for medical and prosthetic research, \$1.6 billion for the Veterans Benefits Administration, and nearly \$2 billion for major and minor construction.

As the current world conflicts continue, our country must continue to provide for those who serve in our defense. Furthermore, our fiscal realities are defined by a fluctuating economy, which may compel veterans of past service to seek VA care and benefits for the first time.

We must do everything we can to ensure that the VA has *all* the tools it needs to meet the challenges of today and the problems of tomorrow.

To view the entire *Independent Budget*, visit the *IB* site at www.independentbudget.org.



Veterans Advocate for Stand-Alone VA Hospital



Denver VA Medical Center

Although a new Secretary of the Dept. of Veterans Affairs offers the possibility of a new direction for Denver’s VA replacement facility, the veterans of Colorado continue to voice the dire need for a stand-alone, tertiary care replacement VA hospital in Denver.

As a member of the United Veterans Committee of Colorado (UVC), MSCPVA has worked with other veterans service organizations to develop a comprehensive White Paper on the Fitzsimons project. The paper will be distributed in March to the Rocky

Mtn. congressional delegations, governors, state legislatures, and public to identify the health care needs in this region and how the current plan to partner with the University of Colorado Hospital (UCH) does not address those needs.

Specifically, MSCPVA remains opposed to anything less than a comprehensive 30-bed Spinal Cord Injury/Disease (SCI/D) center on the VA campus. Constructing a split center, or reducing the number of beds, will prevent it from properly functioning, and consequently, it will not provide the best

specialty care required for veterans affected with spinal cord injuries and diseases.

The ongoing controversy surrounding the VA’s proposal to lease space and services from the UCH continues despite the recent announcement that the UCH may be withdrawing from the partnership. Congress must monitor this situation closely to ensure that the VA is not laying the groundwork in Denver for a long-term health care delivery plan that could ultimately lead to lower quality care across the entire VA health care system.

Census Bureau Releases Disability Report

The Census Bureau released Americans with Disabilities: 2005. A biennial Survey of Income and Program Participation 2004-2005 provided the data for the report.

Of the 291.1 million people in the 2005 population of the U.S., 54.4 million, or 18.7% reported some level of disability, 35 million (12%) reporting severe disability. The number and percentage of people with a any disability was higher in 2005 than in 2002, as was the number of people with severe disability. No explanation is provided as to a reason for this increase.

Roughly 3.3 million people (1%) age 15 and older used a wheelchair or similar device, with 10.2 million (4%) using a cane, crutches, or walker.

Eleven million people over age six need assistance with one or more activities of daily living. Also, 51.8% of people over 65 (18 million) reported a disability, 12.9 million having a severe disability.

Not surprisingly, people with disabilities continue to have lower employment rates, lower salaries, higher use of public assistance and higher rates of poverty than the general public. Within the disability statistics, those same standards hold true for severe disability versus any disability.

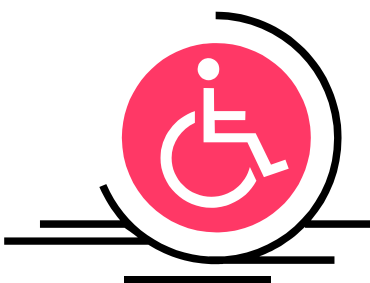
69.3% of people with a severe disability were not employed, compared with 24.8% of people with non-severe disability and 16.5% of people with no disability. Median monthly income was \$1,458 for people

with severe disability, \$2,250 for people with non-severe disability, and \$2,539 for people with no disability.

Blacks had a higher prevalence of disability (20.5%) than Asians (12.4%) and Hispanics (13%). Blacks also had the highest rate of severe disability at 14.4%, compared with non-Hispanic Whites at 12.4%, Hispanics at 8.7% and Asians at 7.6%. Severe disability was more prevalent among females (13.4%) than males (10.6%). Like the overall disability rate, the percentage of females with severe disability was higher than that of males for each race group and Hispanics.

A copy of the full report is available at: www.census.gov/prod/2008pubs/p70-117.pdf.

“Roughly 3.3 million people age 15 and older used a wheelchair or similar device “ in the 2005 population.



FDA Approves Clinical Trial for SCI

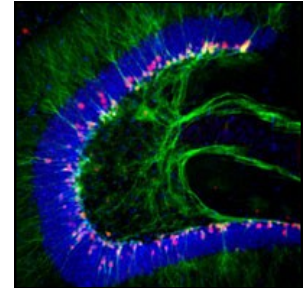
The Food and Drug Administration (FDA) has approved the first-ever clinical phase 1 trial of stem cell therapy on human patients with acute spinal cord injuries (SCI).

Geron Corporation, a biopharmaceutical company based in California, is the trial sponsor and spent approximately \$45 million to prepare its Investigational New Drug (IND) application for this important SCI trial.

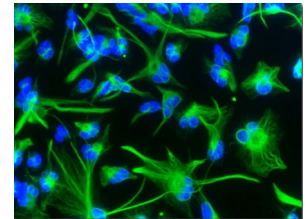
Geron’s trial will test the safety of human embryonic stem cells in a limited number of acutely injured patients. Specifically, the trial will test a procedure to repair spinal cord damage. The trial is limited to individuals with recent spinal cord injuries and whose nerves remained intact. Phase 1 of the trial will not help people already in a wheelchair. However, phases 2 and 3 may lead to expanding the limitations of the trial.

It will be critical to carefully assess the safety and long term risks of the treatment since the effects of this type of cell transplantation into the human spinal cord are unknown.

This is an exciting first step in discovering laboratory findings that may improve the lives of patients with SCI due to the advances in medical research.



Stem cells



Senate VA Committee Reviews VSO’s Priorities

On January 28, PVA along with the American Legion, Disabled American Veterans, Veterans of Foreign Wars, Iraq and Afghanistan Veterans of America, and Vietnam Veterans of America all identified advance appropriations for VA health care as their number one priority for the 111th Congress. S. 3527, the “Veterans’ Health Care Budget Reform

Act” would reform the VA budget process by providing advance appropriations for veterans’ health care. The legislation was developed in consultation with the Partnership for Veterans Health Care Budget Reform (Partnership) - a group that consists of nine major VSOs, including PVA. S. 3527 would ensure the goals of the Partnership - sufficient,

timely, and predictable funding - are met.

Additional priorities for PVA are proceeding with the construction of a free-standing, tertiary care hospital in Denver, and eliminating health care co-payments for catastrophically disabled Priority Group 4 veterans.

“...all identified advance appropriations for VA health care as their number one priority for the 111th Congress.”

2009 State Legislative Activity

The PVA Mtn. States Chapter supports the following pieces of legislation:

Colorado General Assembly

HB 1039 - *In State Tuition for Military & Veterans*

HB 1291 - *Veteran Resource Info Clearinghouse*

Montana State Legislature

HB 213 - *Establish SW Montana Veterans’ Home*

Wyoming State Legislature

HB 37 - *Veterans Property Tax Exemption*

Utah State Legislature

HB 449 - *Veterans Nursing Home Amendments*

HB 370 - *Disabled Parking Violations Amendments*



Colorado State Capitol

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The Mtn. States Chapter of the Paralyzed Veterans of America (MSCPVA) is a Congressionally chartered, veterans' service organization specializing in assisting and promoting a full lifestyle for veterans affected by spinal cord injury or disease. The Paralyzed Veterans of America was formed in 1946. MSCPVA is one of 34 chapters, which received its charter in 1955, and has continuously strived to serve its members located in the Rocky Mountain region of Colorado, Montana, Utah and Wyoming.



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