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Advocacy Bulletin

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How Much Is Too Much To Care For Our Veterans?

Does the VA really need a stand-alone hospital at Fitzsimons? The answer is yes. In the recent Rocky Mountain News editorial, 'A Shared Solution', several misleading arguments were presented. The assertion that VA Secretary James Peake's proposal has been planned for the Fitzsimons campus for years is erroneous. Up until the end of 2007, just prior to Peake's approval as Secretary, the Denver VA along with the support of the United Veterans Committee of Colorado, which represents over 50 organizations, were jointly working on Project Eagle – a stand-alone hospital with a 30-bed spinal cord injury center.

The \$1.1 billion cost that Peake has since suggested for the stand-alone hospital is an arbitrary figure. How did the VA come up with that estimate? When asked, no one seems able, or willing, to provide justification for the amount. It is hard to say for certain that \$1.1 billion is the financial reality or simply a scare tactic used in a time of economic downturn.

Certainly the government needs to evaluate cost-saving measures, but not at the expense of jeopardizing veterans' health care. Moreover, implementing a new model of delivering VA health care with the hopes that Colorado will be a "policy innovator" is financially risky and socially irresponsi-

ble. Without conducting a feasibility study and involving community health providers and veterans' organizations, the proposed shared facility ar-



The Fitzsimons medical campus and future home for Denver's VA hospital.

angement is premature. Such a dramatic shift in VA health care policy deserves open review by Congress and the public to ensure that hundreds of millions in taxpayer dollars aren't wasted on a doomed 'pilot program'.

To suggest that veterans groups and members of Colorado's congressional delegation are wrongfully questioning the proposal and delaying the new plan is an uninformed opinion. The veterans in this state are fortunate to have congressional representation that actually listens to the concerns of their constituents. It seems far too easy for some to slap a financial limit on fulfilling this country's promise to its veterans. That said, I welcome the Rocky Mountain News editors to meet with the veterans'

organizations and gather the other side's true concerns before making its final conclusion on the situation.

The timing of the editorial seems more than coincidental, considering the VA is pressed for time to implement new policy and finalize Denver's plan before the end of the current administration. The near term cost avoidance of a shared bed tower may seem ideal but will it be beneficial to the VA and the veterans so very much in need of this overdue facility?

We remain at war. Should we short change the critical care of our veterans by expediting an unqualified and unproven plan? To do so suggests that we are more concerned with balancing the budget on the backs of veterans than providing the appropriate level of care for those men and women who have fought to defend this great nation.

If you would like more information on issues presented in this Bulletin, please contact me at lholman@mscpva.org. This Bulletin is also available on the Advocacy page of our website at www.mscpva.org.

Laura J. Holman,

Government Relations Director



“If it is true that the VA is considering closing particular facilities across the country as a cost-saving measure, I have very serious concerns...”



The Difference Between SSDI & SSI

A reoccurring misunderstanding that needs addressing is identifying the difference between Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Both are major programs within the Social Security Administration that provide benefits based on disabilities. SSDI is based on a person's prior work under Social Security and is financed with Social Security taxes paid by workers,

employers and self-employed persons. SSI is a needs-based program and payments are paid from general revenues.

Where you live will determine the amount of your SSI benefits. The basic SSI check is the same nationwide, but many states add additional money and offer other supplements. The maximum federal SSI payment in 2008 was \$637 per month and \$956 for a couple. This amount may

be reduced due to other income because SSI is a needs-based program.

For more information on the services available in your community, call your local social services department or public welfare office. For more information about Social Security and SSI, visit their website at www.socialsecurity.gov or call toll-free 800-772-1213.

Senators Ask the VA For Answers

After receiving a document outlining plans for the VA to shift away from renovating or constructing hospitals in favor of leasing facilities or purchasing care from outside providers, Chairman of the Senate Veterans Affairs Committee, Daniel Akaka, and former Chairman John Rockefeller have asked VA Secretary James Peake about the implications the new plan

will have on the VA health care system.

In their letter to Peake, the Senators questioned whether studies of VA's construction methods and process have been conducted to determine its efficiency. They also asked what involvement veterans' organizations and community health care providers have had in the development of this proposed new

delivery model. The answer is very little to none at all.

“If it is true that the VA is considering closing particular facilities across the country as a cost-saving measure, I have very serious concerns...” said Rockefeller.

MSCPVA has previously voiced several of the Senators' questions and is hopeful the veteran community will soon have their answers.

MSCPVA & VA Team Up at Broncos Games

Going to the Broncos Game this weekend? Visit concession stand 328 for your refreshments. Volunteers for the National Veterans Wheelchair Games will be serving up the hotdogs and beer while raising funds for Denver's 2010 Games!

If you're interested in volunteering at any of the next home Broncos games email Jordan Schupbach at jschupbach@mscpva.org.

The Games are an exciting combination of competition, camaraderie and courage. There will be over 500+ wheelchair athletes

coming to Denver to compete in more than 17 events over six days. For more information on how you can get involved contact the Chapter office at 303-597-0038 or send an email to info@mscpva.org.

What is a Spinal Cord Injury?

More than 200,000 individuals in the U.S. today have spinal cord injuries (SCI). Every year, approximately 10,000 more sustain SCI from auto, sports and work accidents, falls, or during military service.

A spinal cord injury changes an individual's life in an instant—physically, emotionally and socially. When a person receives an SCI, the communication between the brain and other parts of the body is disrupted, and messages no longer flow past the damaged area.

The human spinal cord is a bundle of nerve cells and fibers approximately 17 inches long that extends from the brain to the lower back. The spinal cord carries messages from the brain to all parts of the body and receives incoming messages from the body as well.

The nerves that lie only within the spinal cord itself are called upper motor neurons (UMNs). These run only between the brain and the spinal nerves. The spinal nerves branch out from the spinal cord into the tissues of the body. Spinal nerves are also called lower motor neurons (LMNs). In movement, the brain sends messages

through the spinal muscles to coordinate complicated movements such as walking. In this way, the brain can influence movement.

The cord is protected by the backbone, which is made up of 33 individual vertebrae. These vertebrae have different names depending on their location. There are:

- 7 cervical vertebrae located in the neck
- 12 thoracic vertebrae in the upper back
- 5 lumbar vertebrae in the lower back
- 5 fused sacral vertebrae in the hip area
- 4 fused sacral vertebrae in the coccyx (tailbone)

Spinal cord injuries can occur at any level of the spinal cord, and the level of injury will dictate which bodily functions are altered or lost. Damage to the spinal cord can cause changes in movement, feeling, bladder control, or other bodily functions. How many changes there are depends on where the spinal cord was injured. The main problem is that the connection between the brain and the parts of the body below the injury is impaired. A spinal cord injury is

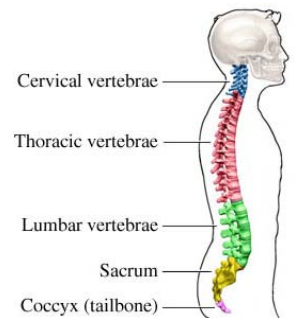
named for the lowest level of the spine that still functions the way it did before injury.

Most spinal cord injuries damage both UMNs and LMNs. A complete injury cuts or squeezes all the UMNs running down the spinal cord. In a UMN injury, control by the brain no longer exists because messages from the brain can't get through the point of injury. The LMNs act by themselves, causing reflexes without limit. One example is spasticity. Spasticity is the uncontrolled movement of the arms or legs. LMN injuries are a different story. This kind of injury is found, for the most part, at the lower tip of the spinal cord, or the cauda equina.

Spasticity is not found in LMN injuries as it is in UMN injuries, because muscles governed by these LMNs tend to shrink or atrophy. Stated simply, a UMN injury is one where the UMN pathway is broken, and the LMNs below the injury are intact and spasticity is noted. An LMN injury usually at the cauda equina, abolishes nerve contact with muscles controlled below the injury and no spasticity develops.

** This information was taken from www.pva.org.*

YOUR SPINAL COLUMN



ALS Becomes Presumptive Compensable Illness

The Department of Veterans Affairs (VA) announced that amyotrophic lateral sclerosis (ALS) will become a presumptively compensable illness for all veterans with 90 days or more of continuously active service in the military. Secretary Peake based his decision primarily on a November 2006 report by the National Academy of Sciences' Institute of Medicine on

the association between active-duty service and ALS. The Secretary states that veterans are developing ALS in rates higher than the general public.

Due to the disease's rapidly progressing tendencies, there is not the time to develop the evidence needed to support compensation claims. The Secretary's decision will make those claims much easier to

process and will allow families to receive the compensation more quickly. The new interim final regulation applies to all applications for benefits received by the VA on or after September 23, 2008, or that are pending before the VA, the U.S. Court of Appeals for Veterans Claims, or the U.S. Court of Appeals for the Federal Circuit on that date.

“Due to the diseases rapidly progressing tendencies, there is not the time to develop evidence needed to support compensatory claims.”

** Disclaimer: All information contained in this Bulletin is taken from publicly available media and information sources.*



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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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