

PT, 07



PVA PARALYZED VETERANS OF AMERICA MICHIGAN CHAPTER

www.michiganpva.org

Quotabilities

*“God does not ask about our ability,
but our availability.*

- Anonymous

On the Cover:

*Veterans Day posters
created by the VA are truly
works of art.*

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Michigan Paralyzed Veterans of America (MPVA) is one of 34 member chapters of Washington, D.C.-based Paralyzed Veterans of America. A Congressionally chartered veterans service organization, MPVA has been assisting veterans with spinal cord injuries or diseases, including Multiple Sclerosis and ALS (Amyotrophic Lateral Sclerosis, better known as Lou Gehrig's Disease), in Michigan since 1961.

MPVA programs include:

- Veterans' Benefits
- Wheelchair Sports and Recreation
- Spinal Cord Injury Research
- Equipment Donation
- Advocacy to eliminate architectural barriers and protect civil rights for persons with disabilities
- Referral Services for assistive devices, housing, employment and transportation
- Literature on a variety of topics including self-care, independent living, and disability rights.
- The Pump Guide: an online directory of gas stations throughout Michigan that will pump gas at the self-serve price for persons with disabilities.
- MPVA is a nonprofit organization and receives no federal funding. MPVA relies on grants, sponsorships, and private and corporate donations to support its programs.

The MPVA headquarters is in Novi, Michigan. Our service officers are based out of the McNamara Federal Building in Downtown Detroit.

Disclaimer:

The Rollin' Times is a publication of the Michigan Chapter of Paralyzed Veterans of America. It is designed to inform the members of the PVA and other interested parties on veterans' issues, legislation, legal decisions, medical technology and other matters deemed to be relevant to the disability community.

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President's Report

By Kevin G. Elya

The Reason for the Season

Summer again whisked by and fall is upon us. What a busy summer this has been. Convention was full of excitement as we forged forward to make the PVA even better than the year before. Exciting things have happened this year and well as some sad losses for us

The 61th PVA Annual Convention was held in downtown St. Louis. It was the week of August 13-18. We experienced temperatures of over 100 degrees each day. Needless to say, most of our time was spent indoors. The returning officers are Randy Pleva as President, Gene Crayton as Senior Vice President, Graig Enenbach as treasure, and John Jackson, Bill Lawson, Rick. Glotfelty, and Jack Franklin as Vice Presidents. Healthcare dominated the Convention. We also approved a new budget of \$40 million, and passed several important resolutions.

While at convention we were notified of the loss of fellow PVA member and wonderful friend to many Cliff Crase. Cliff was the editor of the PN magazine and gave so much to the PVA, as well as being a wonderful friend to so many and a family man. I can only say our loss is truly

Heaven's gain. He will be missed.

I would like to take this time to welcome our new board member Nick Wresly and tell those returning board members how pleased I am to have you all and let's truly make this a year of some strong changes and positive moves to better the MPVA. We are all blessed to be in a position where we truly can make a difference and I hope we can again prove we deserve our places on this board.

As we inch closer to the holidays I again get on my soap box and say we can make a difference to so many during the holidays. Why not take this month to attend the November membership meeting? I am excited to announce we are planning a speaker. She will be speaking about nutrition, so please mark your calendars. She is a great woman who hopes to give us some great tips on using nutrition to improve our immune systems. With winter around the corner we thought we could all benefit from her knowledge. Hope to see everyone at this year's 4th MPVA "Salute to Veterans" dinner on November 9th. 🍷

Cliff Crase R.I.P (1938-2007)

PVA member, international sports star, editor, family man, and friend

Clifford D. Crase died Aug. 15, 2007 at Ontonagon Memorial Hospital from complications of pancreatic cancer. His life and career had a direct positive impact on millions of people worldwide, especially through Paralyzed Veterans of America's (Paralyzed Veterans) sports programs and publications. Cliff's editorial vision and voice made *Sports 'n Spokes* and *PN* (Paraplegia News) important and often compelling resource for PVA members and the national disability community.

A Michigan native, Cliff loved life in spite of its many adversities. After high school graduation in 1956 he immediately joined the Air Force as a navigator, serving in North Africa. A 1959 stateside car accident resulted in spinal cord injury and quadriplegia. After 13 months in the hospital he returned home to Michigan's Upper Peninsula and his mother's trained care. Only three years later he enrolled at the University of Illinois where he met Nancy Thatcher. They married and moved to Phoenix, AZ, in 1969.

The University of Illinois was the nation's most accessible college campus and the center of wheelchair sports. Cliff had been an all-star basketball player in high school and in the Air Force, making this the ideal place to switch to swimming, wheelchair table tennis, and track and field, excelling at all. He traveled with the U. S. Wheelchair Team (USWT), winning the Silver Cup at the 1967 Pan-American Games in Canada. He held the world breaststroke record from 1967 to 1969. Cliff won the Phoenix Press Box Association award for outstanding amateur athlete in 1971, sportsmanship awards from the California

Wheelchair games in 1972 and 1976, Washington Wheelchair Games in 1974; was elected to Hall of Fame of the National Wheelchair Basketball Association in 1989, the National Wheelchair Athletic Association in 1973, and Athletes with Disabilities in 2006.

Cliff took the job as public relations director for the USWT, which led to joining the staff of the Paralyzed Veterans of America as national sports coordinator.

Cliff was honored in 1988 as recipient of the Courage Center's National Courage Award. That same year he was a finalist for the 1988 President's Trophy from the President's Committee of Employment of the Handicapped.

Cliff felt his real success was in the words of appreciation and joy from parents and young athletes who told him how their lives were turned around, made richer, because of wheelchair sports. Marilyn Hamilton, originator of the Quickie wheelchair said, "Cliff was such a powerful force to so many of us...he was full of vigor and fun, yet so pure, honest, and kind."

Cliff is survived by his wife, Nancy and daughter, Victoria. Cliff's funeral was August 20 Memorial contributions may be made to the Paralyzed Veterans of America Crase Sports Fund, 801 Eighteenth Street NW, Washington, DC 20006.

(Modified from the United States Quad Rugby Association newsletter, August, 2007. MPVA sponsors the "Great Lakes Storm" quad rugby team in Michigan.) 🍷





Executive Director's Report

By Mike Harris

Roundabout Movement in Michigan

There is a movement in Michigan to gradually replace conventional traffic light-controlled intersections with a street design called a "roundabout." While the modern roundabout is a relative newcomer to United States traffic engineering they've been widely used in Europe, Australia, and elsewhere for many years.

For drivers, a roundabout is a great idea compared to the standard intersection with traffic lights to signal "stop" or "go". Because drivers coming from all directions "merge" into and exit the roundabout without stopping it keeps drivers moving and prevents traffic jams from forming.

As good as that sounds in practice, there's one obvious problem that traffic planners overlooked. How can a pedestrian, especially a disabled person, safely cross the street at a roundabout? For now, the answer is simple: it can't be done. Since roundabout traffic is in constant movement there is no safe crossing option for disabled pedestrians.

Because of the lack of safe crossing options for pedestrians with disabilities confronted by a roundabout, attorney Richard Bernstein filed a lawsuit in federal court to stop proposed roundabouts being planned by the Oakland County Road Commission (OCRC).

Following installation of three roundabouts in West Bloomfield, the OCRC will implement addi-

tional roundabouts in Oakland County. What concerns attorney Bernstein is that no consideration has been given to pedestrian needs, especially among people living with disabilities.

Bernstein contends that the roundabout style is in direct violation of the Americans with Disabilities Act (ADA). The ADA requires that new and altered facilities constructed by, on behalf of, or for the use of state and local government entities be designed to be readily accessible to and usable by people with disabilities. No such design currently exists for roundabouts in Oakland County.

The suit against the OCRC is seeking a declaratory judgment for an injunction until the OCRC can agree to develop an acceptable plan to make Oakland County roundabouts accessible to pedestrians with disabilities.

Bernstein, who is blind, explained that "the way that blind people cross the intersection is that they listen for parallel traffic to commence before beginning to walk across the street. But because traffic is a continual flow at "roundabouts" the road commission is telling a blind person that they should step off the corner and just guess as to whether it's safe."

The attorney goes on to say, "It's basically common sense that blind people physically cannot cross a roundabout, period. It's impossible. How can a blind person cross a roundabout when traffic never comes to a complete stop?"

In July 2002, representatives from the U. S. Department of Transportation Federal Highway Administration and the United States Access Board, a government entity commissioned to develop national design standards for complying with the ADA, met to examine options that improve roundabout accessibility – particularly for pedestrians with disabilities.

Some of the recommendations were the following:



Chief Okemos Roundabout (Okemos, Michigan)
Photo courtesy of Dave Sonnenberg Traffic Engineering Assoc Inc. Haslett MI

- Placing a speed table at pedestrian's crossings to further slow the entering or exiting traffic
- Adding auditory and tactile indicators to identify crossing locations for pedestrians with visual disabilities
- Incorporating barriers, such as low-growing bushes or guardrails, along the street side of sidewalks to guide pedestrians to the crossing location and prevent people with visual disabilities from inadvertently crossing a roundabout roadway at unsafe locations.
- Installing pedestrians-activated crossing signals, including devices that halt the flow of traffic only when a pedestrian is present in the crosswalk
- Installing rumble strips to reduce the speed of vehicles entering or exiting the roundabout and make sound of cars more detectable to visually impaired pedestrians
- Moving pedestrian crossings slightly away from the inscribed circle by a convenient distance, such as one or two lengths, to eliminate some pedestrians/vehicle conflicts

The differences between modern roundabouts and traditional intersections controlled by traffic signals and stop signs have important implications for disabled pedestrians. As traffic lights are eliminated, the pedestrian no longer has the means or ability to communicate with the driver. When the traffic light turns red, everyone knows that you can safely cross the street. Roundabouts eliminate that option.

The Michigan Department of Transportation, and municipalities throughout Michigan share responsibility to ensure that traffic engineers take pedestrian safety (especially for visually impaired people, or those with mobility impairments), into consideration when designing/constructing "roundabouts."

The issue of roundabouts and pedestrian safety raises important questions about access. These questions must be addressed to ensure that pedestrians with disabilities can cross the streets with limited risk and without undue delay. Traffic engineers and the disability community must work together to gain a fuller understanding of the issues that roundabouts create. Roundabouts simply can't go forward until a practical solution is developed to provide all pedestrians with a safe way to cross the street. 🦿



Government Relations & Advocacy

By Bonnie L. Welbaum

Good To Meet You, MPVA!

Hello everyone, I'm Bonnie Welbaum, the new Government Relations Director at Michigan Paralyzed Veterans of America, reporting to Executive Director Mike Harris. I'll assist Mike in furthering MPVA's legislative and advocacy goals.

Some information about who I am. A veteran myself, I served 20 years (four active and 16 years Army Reserve). My Basic Training was part of the last graduating Women's Army Corps class at Ft. McClellan in Alabama. When I worked for the Army Security Agency in Texas, my Military Occupational Specialties (MOS) were 96B intelligence analyst, 98C Signal Traffic Analyst Intercept, and 98Z over all Intel MOS. G-2 for First Cavalry Division, Acting S-2 Battalion for 227 Aviation Combat Support Battalion. My Intelligence and Counter-Intel Training was at Ft. Huachuca, Arizona.

At Ft. Hood, I was the Nuclear Surety Admin Support Officer under General Todd. Four overseas tours gave me the opportunity to travel Europe. In '97 I was mobilized in support of Operation Joint Endeavor-

Bosnia. A good portion of that occurred strategically in Augsburg, Germany.

Today I'm an active member of American Legion Post 216, Milford MI and for 14 years I've volunteered as part of the Legion's Color/Honor Guard for community events. I recently joined AMVETS, and now am an associate member of MPVA. I pledge to bring my background and commitment to the organization. You can be sure I'll do everything I can to advance our mission. My dad was in the army, and my oldest son is a 2nd Lieutenant in the Army Reserve. I'm the mother of three grown children living in Milford.

My new position has kept me very busy learning and participating in an array of different avenues. I've attended the Traumatic Brain Injury Association Conference in Lansing with ABC news anchor Bob Woodruff as Keynote speaker, sharing his personal experience with TBI. General Carol Ann Fausone was the other Keynote speaking about Post Traumatic Stress. My third week had me in Washington, DC attending the

Continued on page 7



By Chuck Henning Staff Supervisor, MPVA Service Office

Prosthetics and Sensory Aids Service

This article is a continuation from the last Rollin Times Issue (September/October 2007, wherein I discussed some of the basic programs in the Prosthetics and Sensory Aids Services, which included the Automobile Adaptive Equipment Program, Home Improvement and Structural Alterations (HISA) Grant Program and Clothing Allowance Program.

Today, I want to discuss some of the services of this Department as well as Prosthetic and Orthotic Devices provided for veterans.

SERVICES

Hearing Aids and Eyeglasses- Hearing Aids are provided to patients who are at least 10% service-connected or POWs, Purple Heart recipients, Housebound (HB) and/or Aid & Attendance (A&A) recipients or those enrolled in vocational rehabilitation. Exceptions include patients with multiple sclerosis, ear diseases and those who are rated 0% for hearing loss.

Eyeglasses are provided to patients who are at least 10% service connected or POWs, Purple Heart recipients, HB and/or A&A recipients. Exceptions include patients who have/have had a stroke, diabetes, glaucoma, multiple sclerosis, cataract surgery or who need eyeglasses to actively participate in their medical treatment.

Prosthetic & Orthotic Devices- Prosthetic appliances, or prostheses, are external items that are custom fabricated and fitted to patients who have had an amputation of a lower or upper limb. Prescriptions are developed in the VA Amputee Clinic by a multidisciplinary team consisting of a Physician, Prosthetist, Therapist and Prosthetic Representative. Each prescription is carefully formulated to the patient's specific needs, taking into consideration factors that include vocation, recreational needs (swimming, skiing, archery, etc.), physical health in general and home improvement. Based on this information, prostheses can be designed, often using new and emerging technologies as they become available. 🦿

SOME EXAMPLES INCLUDE:

- microprocessor knees (C-leg, Rheo Knee, Power Knee)
- microprocessor ankles (Proprio Foot)
- myoelectric and electric upper limb components
Some other items and programs Prosthetic supports through the service teams are:
- Artificial Limbs (C-Legs, myoelectric arms, etc.)
- Blind Aids (talking watches/alarm clocks, magnifiers, CCTVs, etc.)
- Communication devices (GPS systems, medical alert devices, Environmental Control Units, etc.)
- Computers for the Blind and/or Disabled
- Durable Medical Equipment (DME)
- Home Respiratory Therapy including Home Oxygen, CPAPs, BiPAPs, Nebulizers
- Hospital Beds
- Items for Daily Living (blood pressure monitors, TENS Units, reachers, long-handled sponges, canes, crutches, walkers, etc.)
- Orthotic devices (shoes, braces, inserts, compression stockings, etc.)
- Patient Lifts (wheelchair, seat, etc.)
- Recreational/Rehabilitative Equipment (swimming legs, handcycles, archery arms, Braille dominoes, etc.)
- Surgical Implants (pacemakers, ICDs, Orthopedic hips and knees, ocular lenses, cochlear implants, etc.)
- Wheelchairs (manual, powered, iBOTs, scooters, etc.)



Caregiver's Corner

By Annie Elya

Support for the Holidays

We have had two meetings so far, and what fun it has been. At the first meeting we talked about having a fall party next year in October. We were talking about how much fun the summer picnic is and what fun it would be to have something in the fall. We are going to have a petting farm and face painting as well as fun family fall things to do. I think not only is this group going to give support to each other but we can plan some fun things for us all involved with the MPVA to do.

I am speaking with a support group that is affiliated with a local hospital about having members join our group. It is an already established support group for care givers. They have offered to give information to their members about us. If we partner with other groups we open doors to new members and new friends. I am so excited and hope to soon invite other support groups to joins us as well.

The holidays are here already. I know we all say things rush by but with all the health issues my family has faced this year I am looking forward to the New Year and a new start. It seems like this year was one thing after another and I am so glad it is finally calm. For all those who have loved ones that are battling health issues right now my heart goes out to you. Come to the support group and share with us, let us support and comfort you in any way we can, after all that is what friends are for.

I recently found out my husband Kevin qualifies for a lift that lifts him over our bed from the ceiling. I was so happy because after Kevin's spinal surgery in January it is so hard for me to use a slide board anymore with him. It

seems so hard on both of us. I have to thank Eva at the VA in Ann Arbor in the Prosthetics Department. She was so helpful and gave me the name of a great company that came to our home within two days of being called. The company was Wright & Flippis and I must say the man named Ernie Fox who came to the house was so knowledgeable and kind. He even had to deal with all my silly questions and he still remained kind and caring. I would recommend them to anyone.

I have to tell you how proud I am of those who came to the meetings. Some were faces I know and some are new friends I cannot wait to get to know better. As we spoke I noticed as we were all laughing about something to do with giving morning care that we truly are a special bunch. Where else can you go and talk with others about things like doing morning care for someone and have them really relate. Where can you go and talk about a stress issue your loved one is going through and have others who really understand? I felt so blessed to be with all who attended and I am so thankful for you all. I hope this is the start of something really big.

At the November meeting we will be having our meeting at the same time at the members meeting as there will be a speaker who can talk to us all. She is a wonderful nutritionist who wants to talk about how we can use diet to boost the immune system and common nutritional issues that can help someone living life from a chair. I hope you all can attend I think we can all learn from her. 🍷

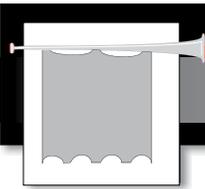
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Good To Meet You, Cont.

annual PVA National Government Relations and Development Training, with fellow GRD from other chapters and met the National PVA staff. While in DC I visited Senator Joe Knollenberg, and met with Congressmen Dale Kildee and Bart Stupaks' assistant.

I've participated in meetings for two Oakland county parks supplying input on accessibility, and a Community Discussion meeting, reviewing ideas for the Novi St John-Providence Park expansion and their upcoming TBI center. Last week I called the DNR addressing possible benefits for the disabled hunt-

ers and fishermen. At a Lansing meeting with the State Fire Marshal and Deputy, and a Board of Education representative we discussed problems with accessibility in public schools. I look forward to telling you about the many ways that MPVA's message and mission are active in our state. You'll read more in each issue of *Rollin' Times*. Until then, I will be serving you to the best of my ability and hope you'll contact me at any time if you have questions or concerns about MPVA and Government Relations issues. 🍷



President Names New VA Secretary

By Mary Mosquera

(Reprinted with permission from fcw.com)

President Bush today nominated Dr. James Peake, the Army's former top physician and a decorated veteran, as secretary of the Veterans Affairs Department.

Peake retired from the Army in 2004 after serving as lead commander in several medical posts, including four years as the U.S. Army Surgeon General. He replaces James Nicholson, who left Sept. 30. The Senate must confirm Peake as VA secretary.

He now is chief medical director and chief operating officer at QTC Management, which provides medical examination and electronic medical records services to help government agencies manage medical data. Anthony Principi, a former VA secretary, is chairman of QTC.

Peake has worked in military medicine for 40 years, during which time he helped develop some lifesaving techniques for the battlefield.

President Clinton appointed him surgeon general, a position he held from 2000 to 2004. In that position, Peake commanded 50,000 medical employees and 187 army medical facilities worldwide with an operating budget of \$5 billion. He was also commander in several medical posts and is credited with improving the training and techniques of the Army medical force. Additionally, Peake was commanding general of the U.S. Army Medical Department Center and School, the largest medical training facility in the world with more than 30,000 students.

After leaving government in 2004, Peake was chief operating officer at Project HOPE, a nonprofit international health foundation. There, he helped orchestrate the use of civilian volunteers aboard the Navy Hospital Ship Mercy as it responded to the tsunami in Indonesia and aboard the Hospital Ship Comfort as part of the Hurricane Katrina response.

Lawmakers from both sides of the aisle praised Peake's selection. His nomination is the first step in bringing strong leadership to VA, said Rep. Bob Filner (D-Calif.), chairman of the Veterans Affairs Committee.

"It is my hope that Dr. Peake's role as the senior physician in the Army, his experience as a highly decorated and wounded veteran, and his recent work with the medical, disability and

health communities in the private sector will equip him to address the unresolved problems plaguing the VA," Filner said.

Rep. Steve Buyer (R-Ind.), ranking member of the committee, called Peake an outstanding candidate to modernize VA and establish a seamless transition process.

"Peake possesses a wealth of knowledge and experience required to institute these necessary changes," Buyer said.

Peake graduated from the U.S. Military Academy at West Point. He was wounded twice in battle and received his acceptance letter to Cornell University Medical College while in the hospital recovering from an injury. He was awarded the Silver Star, a Bronze Star and Purple Heart for his service in Vietnam as a platoon leader with the 101st Airborne Division. 🇺🇸



Dr. James Peake

Hope for Long Delays in VA Claims Processing

By Michael R. Viterna

VA officials this year told Congress that there were 806,382 disability claims, an increase of approximately 228,000 claims or 38% over FY 2000, awaiting determination. The number of cases with 8 or more claimed disabilities rose 135% over the same period. The increase in claims has resulted in an additional backlog to an already overburdened claims processing system.

Congress held hearings to find out how VA is planning on managing the growing backlog of claims and how well it has reduced the average length of an appeal. Particular attention was given to the operation of the Board of Veterans Appeals (Board), which is the final administrative review for an appeal of a VA claim. The Board's mandate is "to conduct hearings and consider and dispose of appeals properly before the Board in a timely manner." The Board has 56 Veterans Law Judges and 240 staff attorneys to get the job done.

Yet, testimony from the National Veterans Legal Services Program, the National Organization of Veteran Advocates, and several service organizations establish that the VA claims adjudication suffers from deficiency of resources such that it fails to effectively conduct appellate review. This is evident in the 741 days on average it takes for a claimant to receive a Board decision after appeal.

In FY 2003, for instance, the Board issued 31,397 decisions while remanding (or sending back for correction of errors) 42.6% the total number of cases reviewed. In FY 2004, the remand rate was 56.8%. In FY 2006, the Board decided 39,076 cases, remanding 32.8% of the total.

These numbers fail to tell the whole story. During 2006, the Board denied 71% of the cases it decided on the merits. Of the 18,107 denials, 2,079 cases went on to the US Court of Appeals for Veterans Claims where only 21% of the Board's decisions were affirmed. The process of a judicial appeal can add an additional two years or more to a claimant's appeal.

A remand by the Board usually means the claimant will endure additional delays. In 2003, VA Regional Offices were taking an average of 700 days to complete a remand. VA established the Appeals Management Center (AMC) to help alleviate the situation. In this month's Congressional testimony, however, VA related that the AMC currently averages 343 days to process a remand and has 18,300 cases being processed.

Yet, when you think there is little hope, a success story emerges that stands in sharp contrast to the norm. I recently learned of a veteran who was discharged by the military in May 2007 with a traumatic brain injury rated at 10% who, with the able assistance of a veteran's advocate, received a rating decision

for 100% this past August with payment made in September.

The House of Veterans' Affairs subcommittee has vowed in a September 25, 2007 press release that "[a]ddressing the claims backlog will be a major focus for the rest of the 110th Congress." Hopefully, Congress will stay focused on this issue and provide the resources and demand accountability so VA gets these backlogs under control. 🇺🇸

About the Author

Michael R. Viterna is an attorney with the Northville firm Fausone Bohn, LLP.

THINGS TO DO

Important things to do to prevent delay in your application for a benefits review:

- ✓ Carefully review all VA correspondence that you have received. If you are asked questions or if they request materials, be sure and respond as soon as possible.
- ✓ It can be to your advantage to present the VA with a short, to-the-point statement of your case that you have notarized by a Notary Public.
- ✓ Gather as much of the medical paperwork and other evidence about your case as you can for your first review application.
- ✓ Use the services of a trained advocate (either an attorney who specializes in this field, or the PVA Service officers) to keep your case on track.



BIRTHDAYS



Charles R. James November 02
 Rudolph M. Sexton November 03
 Morris Snead November 03
 Gerald Weber November 05
 Ronald J. Buhl November 06
 Gordon K. Davis November 06
 Randy M. Krampien November 07
 Clinton Burns November 08
 James P. Ford November 08
 Robert L. Hopkins November 09
 Robert C. Rayl November 09
 Kenneth T. Golden November 10
 Steve H. Young November 10
 Michael A. Calhoun November 11
 Daniel D. Hicks November 11
 Stanley Kirkpatrick November 11
 Theodore C. Nardin November 11
 Donald L. Rosbeck November 11
 Harold A. Walton November 11
 Wilbert E. Carr November 12
 George F. Fogel November 12
 Henry W. Mitchell November 13
 John D. Shafer November 13
 Steven Anderson November 14
 Louise E. Ware November 14
 Richard J. Martindale November 15
 Shane M. Ranta November 17
 Vincent R. Koster November 19
 James H. Taratsas November 20
 Michael J. Hornick November 21
 Robert W. Jenkins November 21

Dickie J. Mahlum November 21
 Lorie Walton November 21
 John D. Acker November 23
 Leslie G. Sanford November 23
 Dennis R. Beaudoin November 24
 Richard K. Pavley November 25
 William S. Williams November 27
 Ronald M. Dennis November 28
 Brenda J. Klemon November 28
 Joseph M. Little November 28
 James E. Isaacs November 29
 James C. Pampu November 29
 Philip Walker November 29
 Thomas R. Willard November 29
 Don D. Daugherty November 30
 Garand F. Rowell November 30
 Quintin Williams November 30
 Andrea M. Grubbe November 01
 Roberta S. Dodea November 09
 James E. Spears November 22



Mark Lasker December 01
 Juanita D. Oleson December 02
 Wesley M. Russell December 02
 Clifton L. Howard December 03
 Raymond D. Vachon December 03
 Carulus E. Giddings December 04
 Alphonso Riley December 04
 Carl F. Bachle December 05

Johnnie Holmes December 06
 Anthony C. Quaizer December 06
 Richard R. Fezatte December 07
 James R. Shelton December 07
 Michael Miller December 08
 Dollie Linton December 09
 Ralph Beuhler December 10
 Peter C. Scavarda December 10
 Richard S. Wierenga December 10
 James Faust December 11
 Edward Price December 13
 Andrew Bell December 15
 Robert D. Boyd December 15
 Scott E. Nys December 15
 Paul H. Hickman December 16
 Bradley D. Houston December 16
 Robert A. Alpeter December 17
 Michael F. Delaney December 20
 Randall C. Bowers December 21
 Arthur S. Madajczyk December 21
 Daniel A. Schoene December 21
 Robert A. Miller December 22
 Russell D. Miller December 22
 Ronald Draheim December 23
 William W. Messeroll December 23
 Spencer Payne December 24
 Calvin L. Tatum December 24
 Stefan Florescu December 26
 Edward M. Gentile December 28
 Randall F. Miller December 30
 Barbara T. Cecchini December 31
 Donald J. Riggins December 31
 Charles J. Henning December 24





The Great Lakes Sports City Sled Dogs is a competitive ice hockey team, the only adult sled hockey team in the state of Michigan. This is the team's fourth year. Starting September 9, 2007, the team practices every Sunday at 8:55 am at the Great Lakes Sports City Ice Arena in Fraser for two hours.

The "Sled Dogs" play every Sunday at:
 34400 Utica Road, Fraser, MI 48026
 Phone: 586-294-2400

Many games and tournaments are already set up with more to come. We are in the Ontario Sled Hockey Association and compete regularly at both home and away league games with teams throughout Canada. In April, 2008, the Great Lakes Sports City Sled Dogs will participate in the National Festival in Boston. Currently, the Sled Dog team consists of 14 members, both male and female, with a variety of disabilities: our players are amputees as well as people with Muscular Dystrophy, Spinal Bifida, or Spinal Cord Injuries. Players range in the age from 12 to those in their early 50s. Four excellent volunteer coaches provide great support to the team. Prior knowledge of hockey is not required to join; if you come to a practice you'll find that everyone is willing to help you out.

For sled hockey we wear full pads. Don't own them? Not to worry, we have extra donated equipment that you may use. That also applies for the sleds and sticks.

For more information on sled hockey, please contact Charlene Trick at D3sledhockey@aol.com or call 248-379-6558.

Jennifer Deneau, 25, is a Warren resident. Muscular Dystrophy doesn't keep her off the rink as she listens to the coach's talk on strategic play.



Rico Vitelli, age 24 of Macomb Michigan, born with Spinal Bifida, playing Center during the National Festival in Chicago of 2006.



Rick Lewis, age 35 amputee from Waterford, starting goalie.



Casco Township resident Dwayne Pingston, age 44 with spinal cord injury, plays Forward and back-up goalie.



Jeff Bielecki, 24 with spinal cord injury from Madison Heights, plays defense.

Michigan Paralyzed Veterans of America

Annual Holiday Party

Saturday, December 8, 2007

Where?

Wayne AMVETS Post #171
1217 Merriman Rd
Westland Michigan 48186

When?

6 p.m.—7 p.m. Get Acquainted Hour “Cash Bar”
7 p.m.—8 p.m. Family Style Dinner
8 p.m.—11 p.m. Entertainment ”D.J. Willie Martinez”

**Adult Gift Exchange*

RSVP
TO
THE
CHAPTER
NO
LATER
THAN
DECEMBER
1st

MPVA Members and One Companion-Free Admission

All Others \$15.00 Per Person

Children Under “12” Years of Age \$5:00

Reservations Required by Calling (800) 638-6782 or (248) 476-9000

E-mail chapterhq@michiganpva.org

*Adults please bring a fun gift
to exchange.

Gifts for the Children

Door Prizes



**MICHIGAN PARALYZED
VETERANS OF AMERICA**

A Member Chapter of Paralyzed Veterans of America
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