

RT '13

Rollin' Times from the Michigan Paralyzed Veterans of America



MPVA President, Kevin Elya, and MPVA Executive Director, Michael Harris, present MPVA employee, Willie DeBerry, with a plaque expressing their appreciation for the hard work he does for the Chapter at MPVA's Awareness Day this past April.





PARALYZED VETERANS OF AMERICA
MICHIGAN CHAPTER



On the Cover:

The MPVA celebrated 52 years of service in Michigan during PVA Awareness Week by hosting their Annual Awareness Day. See the President's Report for more information.

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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.

The contents of this publication do not always reflect the views or policies of Michigan PVA, and no endorsement or approval is made or should be inferred with respect to products or services advertised herein. Consult an appropriate professional before making use of any product or service mentioned.

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Michigan Paralyzed Veterans of America

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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.

The Ad Agency

Design & Art Production 734-678-7928



President's Report

By Kevin G. Elya, President, Michigan Paralyzed Veterans of America

MPVA Open House a Huge Success!

In April, Michigan Paralyzed Veterans of America (MPVA) celebrated Paralyzed Veterans Awareness Week with our national office and the other 34 PVA chapters across the country. This year's theme, *The Big Push for Progress*, spotlights the work of Paralyzed Veterans to empower seriously wounded heroes and their families with the necessary supports needed to live a productive and fulfilling life.

Paralyzed Veterans Awareness Week was created with the hope of sharing PVA's mission of service and its countless accomplishments with our nation's citizens. Many Americans are unaware of the PVA's existence or the organization's important contributions to the disability community. While we have chapters and service offices across the nation, PVA is much smaller than most veterans' organizations because of its stringent membership criteria.

PVA Awareness Week is our opportunity to let Americans know we are here and continuing to serve. This is achieved by planning a week of activities to educate the public about MPVA and to demonstrate how we make a difference in the lives of paralyzed veterans and others with disabilities.

PVA plays a role in meeting the full range of our members needs. Our members, staff, partners and volunteers work throughout the year to make a positive difference in the lives of our paralyzed veterans and all people living with disabilities.

MPVA celebrated PVA Awareness Week at various sites around Michigan. At the Detroit, Ann Arbor and Battle Creek VAs, we had an opportunity to set up the MPVA display booth in the main medical lobby. This was a chance for us to introduce MPVA to veterans and their caregivers as well as meet with in-patients and with the medical staff to show our appreciation for the outstanding medical care they provide to veterans.



Marcia Sommerville of White Horse Therapeutics demonstrates her massage therapy techniques on MPVA Member, Ernie Whaley.

MPVA made financial donations to the Detroit, Ann Arbor, Battle Creek, Saginaw and Iron Mountain VA Medical Centers in support of their VA Volunteer Services program. The Grand Rapids and D.J. Jacobetti State Home for Veterans received a financial contribution for their member services program. We were honored to make a donation to such worthy programs because their work is a priceless asset to our nation's veterans and to the Department of Veterans Affairs.

On April 11, 2013, the MPVA and our participating vendors sponsored an Open House held at our Chapter office in Novi. The turnout for this year's event was outstanding as MPVA members, community leaders and the attending public had an opportunity to compare and review independent and assisted living products and services.

This was an opportunity for MPVA to honor all those who have contributed to MPVA successes. These individuals have committed their time, talents, and



Bill Helwig and Ed Ptasznik share recipe secrets as they cook pierogies at MPVA's Awareness Day!

money to allow us to accomplish our mission.

We are grateful that Paralyzed Veterans of America National President took time out of his busy schedule to attend our event. He is on a mission during the month of April to raise awareness across America about our organization.

We are extraordinarily lucky to have such great friends and supporters. So much so, that they even stepped up to make our day even more special as our friend Ed Ptasznik and Bill Helwig acted as Pierogi Chef's for the second year in a row (and, once again, they were excellent). In addition, Marcia Sommerville of White Horse Therapeutics generously donated her time and massage therapy techniques which was a tremendous hit as well!

Everyone's contribution truly made a difference and I cannot thank those who came out to support the day enough. At this time, however, I would like to especially thank the list of volunteers who came out that day and supported the MPVA's mission:

Platinum Sponsors:

Personal Touch Home Health Care

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Wheelchair Getaways

Wright & Filippis

Silver Sponsors:

Level 11 PT

Life Skills Village

Copper Sponsor:

Hollister

Please see the inside back page of this issue to view photos from the event! Special thanks to our friend Roberta Kujawa for acting as our event photographer!





Executive Director's Report

By Mike Harris, Executive Director, MPVA

Peer Mentors: Making a Difference

The Michigan Paralyzed Veterans of America is partnering with the Rehabilitation Institute of Michigan to provide a peer mentoring program for newly spinal cord injured patients and people with disabilities. The peer mentoring program matches up people who have recently incurred a spinal cord injury, or are facing a disability, with a volunteer "peer mentor" who is living successfully in the community with a disability. The goal of the mentoring program is to help "bridge the gap" between acute hospitalization and reentry into the community.

After a traumatic event such as a spinal cord injury, it often helps to talk to someone who has been through a similar experience. People volunteering to be a peer mentor receive training, which include strategies to enhance communication and listening skills. The peer mentoring program matches newly injured spinal cord injury in-patients with peer mentors of the same sex and similar age, injury level and life circumstances.

What qualities make good peer mentors? Good mentors have to be connected with their community and have a positive attitude about themselves and their spinal cord injury. They also need to be comfortable sharing activities and actions they have taken to solve problems that arose during their transition from the hospital to the community, successful and unsuccessful.

Sure, the doctor, nurses, and therapists have explained how a spinal cord injury affects someone's life. Most likely, they have issued plenty of brochures and booklets, and shown some videos about spinal cord injury. However, there are questions that go unanswered, and new questions that periodically will

also come to mind. Therefore, it is important to find someone with experience who can tell you about the realities of day to day living with a spinal cord injury.

Peer mentors work with individuals facing life circumstances similar to their own. Although it is clear that the experiences of one person are never replicated in another, it is also true that the concept of "I have been there too" is a remarkably powerful form of support and assistance. When the "I have been there too" perspective is provided with appropriate helping skills an accurate pool of knowledge about disability issues, and a good understanding of the human personality, the possibilities for support and assistance are all the more effective.

Peer mentoring is evolved with the belief that people with disabilities who are living independently, working and/or actively involved in their communities can act as excellent role models for people with disabilities who seek support, practical advice, and/or assistance with problem solving in living independently within their own communities. A peer mentor acts not only as a role model, but also as a sounding board for frustrations related to disability and offers emotional support during the adjustment to independent living.

When I look back at my own situation, without question, the event that had the greatest impact on my life occurred on the night of September 7th, 1986, when the car I was a passenger in, went out of control, flipped over on its side, instantly paralyzing me. I was medevaced by helicopter to the University of Michigan Hospital where the doctor's informed me within the first hour in the emergency room that I had a spinal cord injury and would never walk again.

When my health finally stabilized I found myself on the rehabilitation unit. I realized that very few events

in life are as devastating as a spinal cord injury. The overwhelming nature of spinal cord injury and its impact on so many body systems is met by feelings of disbelief.

The spinal cord injury team at the University of Michigan was dedicated in helping patients and families through the initial recovery and rehabilitation process. Physicians, therapists, nurses and other team members ensure that their patients had access to the care and resources required to maximize recovery. However, I found being able to connect with someone living with a spinal cord injury very helpful in successfully transitioning back into the community once being discharged from the hospital.

I viewed the peer mentoring program as an extension of rehabilitation. Many newly injured folks are discharged from rehabilitation before they have all the tools they need to effectively manage life outside a hospital environment. My peer mentor made a tremendous difference in my ability to successfully adjust to a spinal cord injury and helping restore my self-confidence that I could effectively live life with a spinal cord injury. They are able to accomplish this by continuously providing positive reinforcement that life after disability goes on.

Today, hospital stays tend to be much shorter than they were when I was injured. People do not have enough time to get over the psychological aspects of a spinal cord injury before they are discharged from rehabilitation. That is why the peer mentoring program is so critical in helping the person adjust to the psychological aspects of the injury by helping them progress past the initial stages of grief and anger to eventually moving forward and exploring new opportunities and hopefully becoming positive role models for others in the communities they reside in.

A spinal cord injury may prevent a person from doing things the old way but it does not prevent them from learning new ways to live. Our daily challenges are different than a person without a disability, but we can still succeed in the workplace, have a family, and become active and respected members in the communities that we reside in.

For more information on Peer Mentoring Program please contact Jaclyn Kochis at (248) 476-9000 or email jkochis@michiganpva.org.

Please see the Peer Mentoring Program brochure on pages 12 and 13 of this issue.



Sincere Condolences

to

the families of:

George F. Fogel



Government Relations & Advocacy

By: Mike Harris

2013 PVA Advocacy & Legislative Conference

In March, I attended the Paralyzed Veterans of America (PVA) Legislative/Advocacy Conference in Washington, D.C. The main focus of the conference was providing us with the tools to effectively carry out PVA's legislative & advocacy priorities for the up-coming year.

During the week I had planned on visiting eleven members of the Michigan Congressional Delegation. However, because the Capitol was shut down on Wednesday, because of an anticipated snow storm that never occurred, I was only able to visit with six. Only in Washington, D.C. would you suspend business because the weatherman indicated that snow was in the forecast.

The legislators that I met with gave me the opportunity to educate them on issues important to our membership. The issue that dominated my conversation with legislators this year was the timely delivery of prosthetics devices.

The Veterans Health Administration Office of Procurement and Logistics (P&LO) is currently undergoing a structural reorganization. These changes include a joint purchasing structure for prosthetic items that includes both Prosthetic and Sensory Aids Service and P&LO making prosthetic purchases. Specifically, the division of purchases will be based on the cost of items, the "micro-purchase threshold." Essentially, prosthetic purchases will no longer be solely managed by VA prosthetics. Rather, when an item costs a specific amount or higher, it will be purchased by P&LO.

The implementation of the new process within the VA has not unfolded as planned, and an increasing number of veterans are suffering the consequences, languishing in hospitals as in-patients, or at home without their much needed prosthetic equipment. The VA has not communicated effectively with veterans and stakeholders in the veteran community to educate them of the various ways that this change is impacting veterans and the delivery of their care.

MPVA believes that the VA should develop tracking systems that will help manage the ordering of prosthetics and allow veterans to monitor the status of their items once they are prescribed and ordered. Issues of quality care exist as it relates to the timely delivery of prosthetic devices, the physical quality of prosthetics ordered for veterans, and consistent administration of VA Prosthetic and Sensory Aids Service policy across Veteran Integrated Service Networks.

Paralyzed Veterans' national office staff is closely following the changes within VA prosthetics and working with VA leadership to ensure that the current changes do not negatively impact veterans. Prosthetics is one of the most important elements of providing disabled veterans quality of life. Paralyzed Veterans will work to make certain that veterans are provided with quality prosthetic devices that meet their needs in a timely manner.



Michael Harris takes time for a photo in front of our Nation's Capitol during his PVA Legislative/Advocacy Conference this past spring.

Improve Travel Benefits for Severely Disabled Veterans

Currently, the VA does not provide travel reimbursement for non-service connected catastrophically disabled veterans who are seeking VA medical care services. Expanding VA's beneficiary travel benefit to this population of severely disabled veterans will lead to an increasing number of catastrophically disabled veterans receiving quality comprehensive care, thus preventing chronic acute conditions requiring inpatient stays and increased health care costs.

Too often, catastrophically disabled veterans choose not to travel to VA medical centers for their medical care due to significant costs associated with travel. This is especially true in Michigan because the VA Spinal Cord Injury Medical Center that our members attend is either in Cleveland or Milwaukee. The other issue that adds additional travel time is that Michigan is completely surrounded by water.

For veterans who have sustained a catastrophic injury like a spinal cord injury, timely and appropriate medical care is vital to their overall health and well-being. When these veterans do not receive the prescribed care, associated illnesses quickly manifest and create complications that often result in reoccurring hospitalizations and long term, if not permanent, medical conditions that diminish veterans quality of life and independence.

It is for this reason that MPVA recommends amending Section 111 of Title 38 U.S. Code to extend travel reimbursement for non-service connected catastrophically disabled veterans who have incurred a spinal cord injury or disorder, visual impairment, or multiple amputations.

To maintain optimal physical health for this particular population of veterans, routine annual examinations and periodic primary care visits are required as a preventive health precaution, and are often necessary due to the complex nature of catastrophic injuries and illnesses.

By eliminating the burden of transportation costs as a barrier to care, severely disabled veterans will have increased access to VA medical services and seek care when it is needed. The VA has testified before Congress that VA supports expanding travel benefits to groups

of veterans with specialized needs, such as veterans with spinal cord injury, Post Traumatic Stress Disorder, Traumatic Brain Injury, and other specified medical conditions. Expanding VA's beneficiary travel benefit to non-service connected catastrophically disabled veterans will lead to an increasing number of disabled veterans receiving quality comprehensive care, and support veterans' full rehabilitation.

Inclusion of Reproductive Services in VA Health Care

I was surprised to find out that veterans whose injuries prevent them from having children are not covered by the VA for reproductive treatments options such as vitro fertilization.

Legislation has been introduced that amends title 38 U.S. Code, Section 1701(6) to include reproductive assistance as standard VA medical services provided to veterans. Reproductive assistance services would include care and delivery options for fertility counseling and treatment for service-connected veterans and their spouses.

One of the most devastating results of a spinal cord injury or dysfunction for many individuals is the loss of the ability to have children and raise a family. Paralyzed veterans have long sought inclusion of reproductive services in the spectrum of health care benefits provided by the VA. MPVA believe they are critical components of catastrophically disabled veteran's maximization of independence and quality of life.

Advancement in medical treatment have for some time made it possible to overcome infertility and reproductive disabilities. For some Paralyzed Veterans procreative services have been secured in the private sector at great cost to the veterans and family.

Similar to the Department of Defense's recognition that reproductive services are crucial elements in the affording catastrophically disabled individuals and their spouses with life affirming ability to have children and raise a family, so too will passage of legislation that will authorize the VA to offer similar services to veterans disabled in service to the nation.

Too many veterans are returning home with injuries that make conceiving children impossible without assistance. Veterans deserve access to advanced fertility treatment and adoption assistance so they can achieve their dreams of starting families.





Veterans' News

By: Sherman Gillums Jr, 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.

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 spec requirements 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.

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.



The Combined Vision:

The MPVA and RIM have combined their expertise to better the quality of lives of individuals living with a disability through the Peer Support Services program. The program works through in-patient and out-patient settings in order to provide support to those who may be recovering or living with a disability. In-patient visits take place at DMC Rehabilitation Institute of Michigan which is one of the nation's largest hospitals specializing in rehabilitation medicine and research. Peer Mentors also continue support services via out-patient settings at a mentee's home, out in the community, over the phone, or even at the MPVA's completely accessible facility.

The Peer Support Service program is funded through the Michigan Paralyzed Veterans of America, a nonprofit, 501(c) 3 organization. Donations made in support of the Peer Support Services program can be made tax-deductible.



Michigan Paralyzed Veterans of America (MPVA) Mission:

The mission of the MPVA is to enhance the lives of veterans with spinal-cord injury or disease, as well as all citizens with disabilities, by advocating for civil rights, assuring quality health care, supporting continued research and education, and encouraging independence and healthy living through various health, sports and recreational programs. MPVA shall continue striving to remain at the forefront of both veterans' benefits services and disability rights, while working toward a better quality of life for all American citizens.

DMC Rehabilitation Institute of Michigan

DMC Rehabilitation Institute of Michigan (RIM) Mission:

DMC Rehabilitation Institute of Michigan is one of the nation's largest hospitals specializing in rehabilitation medicine and research. RIM is known for its clinical expertise in spinal cord injury, brain injury, stroke, complex trauma and orthopedics and catastrophic injury care. The Institute is home to many innovative programs including the Center for Spinal Cord Injury Recovery, a world-class facility designed to implement and study innovative treatments in spinal cord injury recovery.

PEER SUPPORT SERVICES

Michigan Paralyzed
Veterans of America

In collaboration with:

DMC
Rehabilitation
Institute of
Michigan



313-745-5765

EMPOWERING
people with
disabilities



DMC
Rehabilitation Institute
of Michigan



Peer Support Services Mission:

The Michigan Paralyzed Veterans of America (MPVA) is pleased to collaborate with DMC Rehabilitation Institute of Michigan (RIM) to provide a peer mentoring program which strives to offer increased independence, encouragement, and empowerment to individuals who are recovering or living with a disability.



How it works:

Trained Peer Mentor volunteers work with individuals to provide coping strategies, share information and awareness about the disability community and culture. The peer mentor helps to promote personal growth by sharing their own experiences and explaining how they have coped with the “ups and downs” of living with a disability.

Key Topics Mentors Address:

- Disability Awareness
- Advocacy
- Stress Management
- Communication Skills
- Personal Growth
- Self-Determination
- Peer Mentorship
- Independent Living
- Employment Skills
- Community Resources

How to Contact the Peer Mentors:

You can reach the Peer Support Service Line at: **(313) 745-5765**. This line is checked on a weekly basis by the Peer Mentoring team. However, if you need immediate assistance, you can always contact the Michigan Paralyzed Veterans of America at: **(800) 638-MPVA (6782)**, Monday-Friday, 8:30 AM-4:30 PM. You can also visit: www.michiganpva.org for more information.

Help Empower MPVA's Peer Support Services Program!

Make a difference:

- I would like to become a Peer Mentor
 I would like more information
 I would like to donate

Where can I find out more about making a contribution?

Please contact the MPVA about any questions you may have at: (800) 638-MPVA or visit: www.michiganpva.org.

I would like to make a contribution today! Enclosed is my gift of \$_____ to further MPVA's Peer Support Services mission.

Name _____

Address _____

City _____

State _____ Zip _____

Telephone _____

Email _____

Paying By: MC VISA DC AMEX

Credit Card # _____

Expiration Date _____

Signature _____

Please make checks payable to:
Michigan Paralyzed Veterans of America
40550 Grand River Avenue
Novi, MI 48375
Fax: 248-476-9545

Please write "Peer Support Services" in the check memo.

WELCOME ABOARD NEW MEMBERS

Michael J. Joyce

Thomas A. Lerczak

Dayton C. Arnett

Niel K. Klein

Joseph G. Driessen

Michael D. Wall

We are proud you are part of the MPVA family!



MPVA's 2013 Awareness Day!





MICHIGAN PARALYZED
VETERANS OF AMERICA
A Member Chapter of Paralyzed Veterans of America
40550 Grand River Avenue
Novi, MI 48375

Change Service Requested
DATED MATERIAL — PLEASE EXPEDITE!
May/June 2013

Valuable Dates for 2013:



Membership Meeting

Thursday, May 16, 2013

Nominations for Board of Directors continue.
Luncheon begins at 12:00 noon, and the
meeting begins at 1:00 PM.

(All meetings are on Thursdays at the Novi
MPVA office unless otherwise notified.)



Memorial Day

The MPVA Chapter Headquarters will be
closed on: Monday, May 27, 2013
in observation of the Memorial Day Holiday