

RT '22

Rollin' Times from the Michigan Paralyzed Veterans of America



Director to the Board, Ray Brown (pictured right), poses with 7 year old Conner Smith during a Wheelin' Team 457 Bowling event that took place this fall.



About this Issue:

The MPVA is ready to take on 2022! You can join us in all that's happening by reading this edition of the Rollin' Times!

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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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The Michigan Paralyzed Veterans of America (MPVA) is a chapter of the 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.
- 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 Plymouth, Michigan. Our service officers are based out of the McNamara Federal Building in Downtown Detroit.

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President's Report

By: Michael Harris, President, MPVA

Infrastructure Changes for Broadband Internet Access in Michigan

On November 15, 2021 President Biden signed into law the *Infrastructure Investment and Jobs Act* which will upgrade the nation's infrastructure, including improvements to public transportation and increased access to broadband internet.

Both the U.S. Senate and the U.S. House of Representatives passed the legislation with strong bipartisan support. The legislation, the largest federal investment in broadband infrastructure, will help to ensure we close the digital divide and that every American has access to high quality, affordable broadband.

COVID-19 has highlighted the disparities that exist in Internet access and usage. It has shown that in a world suddenly pushed online, entire segments of the population could be left behind. Before the pandemic, there was a lot of awareness of the lack of adequate broadband in rural areas, but it took the pandemic to highlight the fact that there are many pockets in suburban and urban areas where broadband access is poor.

The pandemic made it clear, with stay-at-home orders and self-quarantine, that broadband is essential for nearly every aspect of daily life, from remote schooling, basic business transactions, and telemedicine. Access to affordable, reliable, high-speed broadband is essential to full participation in modern life in the United States.

For people with disabilities, Assistive Technology (AT) adds another layer of importance. AT allows people with disabilities to stay connected and to interact with others despite their disability. This legislation was long overdue, in my opinion. Millions more Americans will now have access to high-speed internet, including those with limited means, those who face barriers due to ability, and those who live in unserved and underserved areas.

The bill contains roughly \$65 billion to improve access to high-quality, high-speed internet nationwide. Michigan will receive a minimum of \$100 million to help provide

high-speed internet coverage across Michigan, including access to the at least 398,000 Michiganders who currently lack it because of availability or affordability of.

Additionally, nearly 2.5 million, or 25%, of people in Michigan will be eligible for the *Affordability Connectivity Fund* to help low-income families afford internet access.

The Affordable Connectivity Program (ACP) was created to help low-income families stay connected to the internet. The ACP provides a \$30 monthly subsidy to cover your internet costs and includes a one-time discount of up to \$100 towards the purchase of a laptop, tablet, or desktop computer, as well.

The legislation includes for digital literacy efforts, including teaching segments of the population the skills and training that are necessary to effectively use the internet for daily tasks.

Affordability is just as important as access. It does a family no good if there is broadband in their community, but they can't afford the service. Closing the digital divide means both providing the broadband and making sure it's affordable.

Congress has taken a bold step toward fostering more equitable access to broadband for people in need. It's now up to the Federal Communication Commission (FCC) to faithfully implement the law and ensure that everyone has access to high-quality affordable broadband telecommunications services, regardless of their income.

New Reports Details Impact of MI's Catastrophic Care Crisis, False Promises of Auto No-Fault Reform, & More

By: Michael Harris

In a previous article, it was shared that the Michigan Paralyzed Veterans of America (MPVA) and advocates for survivors of catastrophic auto crashes had for months

warned that Michigan's no-fault auto reform law would negatively impact access to medical care that many of them need to survive.

As many have seen, the worst predicted side-effects of Michigan's 2019 car insurance reform are coming true.

The Devastating Impact That Has Just Begun

A new report by the Michigan Public Health Institute (MPHI) shares details of the initial impact from the recent changes caused by auto no-fault insurance reform. This report looks at how the current portion of changes has affected the ability for crash survivors to access medical care.

The Brain Injury Association of Michigan (BIAMI) commissioned this independent study by the MPHI to document the impact of the fee structure changes in the 2019 Michigan no-fault auto insurance reform law that took effect on July 1, 2021. MPHI was chosen because of its expertise and depth of understanding of public health research.

This report summarizes the results from the first survey of brain injury service providers, distributed between September 29, 2021 and October 20, 2021. Two additional provider surveys are planned in 2022 to document this fluid situation.

The promises of auto insurance reform have failed to come to pass and there is now more third-party data supporting the conclusion that the 45% cut in reimbursements for catastrophic care has had devastating consequences for survivors and caregivers alike.

According to the new report:

- 1,548 no-fault patients have been discharged by their previous providers
- 3,049 Michigan jobs have been eliminated since the new law's fee schedule went into effect in July 2021.
- 96 organizations can't accept new patients with no-fault insurance funding, while 140 organizations reported having to significantly reduce services,
- 21 organizations have had to cease operating completely.

The organizations that participated in the survey represent more than 16,200 employees and more than 16,700 patients.

Looking forward, of 89 companies that said they were not affected by the law yet, more than half reported they will not be able to serve patients with auto insurance funding within 12 months. This is because most caregiver companies have been depleting their cash reserves at a rate that is not sustainable.

The data supports the obvious conclusion: no-fault reform has been nothing short of devastating for people seriously injured in automobile accidents. The fear and despair some of our state's most vulnerable residents are experiencing as a result of the fee schedule cannot be what Governor Whitmer, Senate Leader Mike Shirkey, or House Speaker Jason Wentworth had in mind when they championed the 2019 reform legislation. However, the fact remains that without a fix from lawmakers, thousands of affected patients, families, providers, and frontline medical workers will sink further.

False Promises of Auto No-Fault Reform

The MPHI data comes on top of last month's report from **Poverty Solutions at the University of Michigan**, which confirmed that state residents are still paying more for car insurance than anyone else in America and the racial and geographical disparities that reform was meant to mitigate continue to this day.

When the new auto insurance law was signed three years ago, state residents were promised that it would significantly lower premium costs for Michigan drivers without jeopardizing access to care for catastrophically injured survivors of car accidents.

However, the promises of auto insurance reform have not materialized. Michigan residents are still paying more for car insurance than anyone in the country, but what's worse is that the reform measures meant to provide consumer cost relief have instead kicked off a catastrophic care crisis in our state.

The Michigan Paralyzed Veterans of America will not stand by and let the legislature deprive the critically injured of the care they need and deserve. We will continue to engage with all necessary stakeholders, both within our network of supporters and beyond. We owe it to all Michigan residents who will be seriously injured in automobile accidents to find meaningful solutions that maintain the integrity of the program. To sit back and do nothing is unacceptable!!.





Executive Director's Report

By Jaclyn Kochis, Executive Director, MPVA

Reflecting on our 60th Year of Service

This past year, 2021, marked our 60th Anniversary! Despite still navigating through a pandemic, the Chapter is proud to share that our services have been flourishing and expanding. Our work to enhance the quality of life for veterans has been unwavering as we continue to provide information, advocacy, education, recreation, fellowship, and above all—hope!

While we are living in these challenging times, I am reminded of what our mission stands for at the MPVA—we are an organization whose members are, above all, resilient and tough! Our members constantly adapt and that is precisely what we did this year.

The Chapter hosted a variety of virtual events that ranged in topic, including: informational telehealth, wheelchair exercise classes, trivia, and much more! I was also pleased to see a few socially-distanced outdoor events take place through our support of Wheelin' Team 457, as well as through our friends at the Miracle League of Plymouth and the RIM Foundation. The Chapter dialed up all of our communications: whether through our social media posts, newsletter, or membership calls. We found that communicating more with our members was the silver lining of the challenges we have faced. We also are proud to share that we have added new funding sources for the community and our members in terms of grant opportunities that will positively impact those living with disabilities.

As I reflect, I know that our Chapter feels extraordinarily thankful for all the support we have received. Our second annual virtual *"Salute to Veterans Virtual Run, Walk, Wheel"* was a tremendous success, producing approximately \$15,000 of monies that will go directly back to our mission. In addition, the Chapter's 60th Anniversary campaign garnered lots of awareness;

we heard from long-time members and community supporters on our long history, while seeing a great deal of giving to celebrate that milestone.

We have worked hard to maintain our eight mandated programs of service and I hope you know how grateful we are to have you as a supporter. We look forward to what 2022 brings and know that any challenge, big or small, will not stop us from carrying out our work. Please stay tuned and keep following us as we promise to bring you more information, advocacy, athletics, fun, and fellowship!

I would like to take this opportunity to thank each and every person that supported the MPVA—you are the reason we are able to continue carrying out our mission. I would also like to especially recognize the sponsors of our Salute to Veterans Virtual Run, Walk, Wheel below. As you read through this edition, you will see ads from these companies that have so graciously continued their support of the MPVA.

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Ascension, Edward Jones, The Googasian Law Firm, Littler Mendelson, NuStep, Nyman Turkish, Susan Reck, Walk the Line SCI Recovery, and Wolfson Bolton.





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Photo: Stephanie Strickland, Senior National Service Officer

Adjustment Increases to SAH and SHA Grants

The Specially Adapted Housing (SAH) program offers grants to service members and veterans with certain severe service-connected disabilities. The grants assist with building, remodeling, or purchasing of an adapted home. This can simply be making a home wheelchair accessible or adding a roll-in shower.

Service members and veterans with specific service-connected disabilities may be eligible. You must be entitled to disability compensation due to:

- Loss or loss of use of both legs
- Unable to move around without the aid of braces, crutches, canes, or a wheelchair
- Blindness in both eyes with 20/200 visual acuity or less in the better eye with use of a
- corrective lens
- Loss of loss of use of one leg, and:
- Residuals of organic disease or injury, OR
- Loss or loss of use of one arm, affecting balance and ability to move without aid
- Loss or loss of use of both arms at or above the elbows
- Severe burn injury
- Amyotrophic lateral sclerosis (ALS)

You may be able to get a Special Home Adaptation (SHA) grant if you are using the grant money to buy, build, or change your permanent home and you meet both requirements listed below.

Both must be true:

- You or a family member own or will own the home, and
- You have a qualifying service-connected disability

Qualifying service-connected disabilities include:

- The loss or loss of use of both hands
- Certain severe burns
- Certain respiratory or breathing injuries

Good news!!!!

If you qualify for an SAH grant, you can get up to \$101,754 for fiscal year (FY) 2022 which exceeded last year's rate of \$100,896.

The SHA grant also increased FY 2022 to \$20,387 from last year's rate of \$18,074.

The maximum grant amount adjusts annually, please visit the website <https://www.benefits.va.gov/homeloans/adaptedhousing.asp> for more information.

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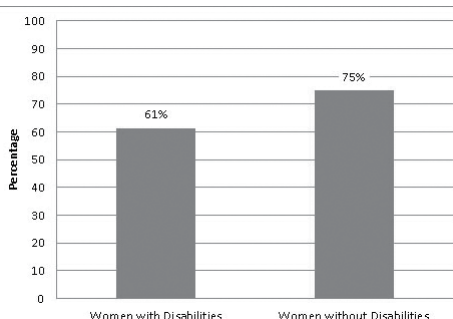
Government Relations & Advocacy

By Robin Bennett, Development Coordinator.

Women with Disabilities Facing Barriers in Healthcare

Members of the MPVA will not be surprised to learn that people with disabilities are met with barriers to medical treatment on a regular basis. But, how about that specifically women with disabilities can receive substandard care because of these barriers, both physical and attitudinal, at a much higher rate than their non-disabled counterparts?

In fact, according to a BMC Women's Health article, Barriers in Access to Healthcare for Women with Disabilities, researchers found that personal factors and healthcare system factors could affect access to things like preventative health screenings or maternity care for women with physical disabilities in the United States. Furthermore, the CDC points out that 61% of U.S. women with disabilities aged 50-74 received a mammogram during the past 2 years, as opposed to 75% of women without disabilities.



Percentage of U.S. Adult Women 50-74 Years of Age Who Received a Mammogram During the Past 2 Years, By Disability Status – 2010 National Household Interview Survey (NHIS)*

The MPVA has been interested in this topic, especially as the needs for equitable treatment for women veterans with disabilities has received much needed attention in recent years. As a female wheelchair user, I shared with the MPVA team some stories of inaccessibility during

my first mammogram. Executive Director, Jaclyn Kochis, replied that she had heard similar stories from women in our membership. We all agreed that it was time to research different perspectives on this issue and how advocacy is still needed and can be successful.

We were honored to have Erica Coulston, as an associate member of the MPVA, speak with us on this topic. In between her many duties as President of Walk the Line Recovery Therapy, she shared her experiences with accessing healthcare as a woman with a C6/7 spinal cord injury.



Erica Coulston at Walk the Line Recovery Therapy in Southfield

Erica C: "My first experience of getting a mammogram was not great. [...] I have a history of breast cancer in my family, so this was kind of a baseline mammogram. I wanted it to be done properly. The technician who was helping me the first time was unsure about how to position me and not get obstruction from my chair. At the end of it, she was like, "Well, I did the best I could!"

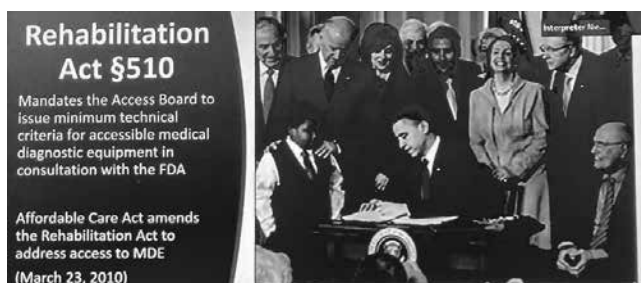
The images were not clear because of the way she had taken the image. My doctor said, "Well, I am sure it is fine!"

I replied, "I don't know if I am exactly comfortable with that. I'd like the best possible chance that everything is fine!" I ended up having that hospital system refund my

money for that mammogram. I went elsewhere and they were able to do a good job.

I really feel like there are two components to the problem: a.) there are the actual, physical barriers—like does that physician's office have height adjustable tables or machines? or b.) it is about the provider administering the care and their level of education and awareness."

In fact, according to a study of more than 700 physicians nationwide by the Health Policy Research Center at Massachusetts General Hospital, it was found that over 1/3 of providers surveyed reported knowing nothing to very little of the responsibilities they have in providing care to patients with disabilities under the Americans with Disabilities Act (ADA) or the architectural requirements of medical buildings set forth by the Architectural Barriers Act (ABA). It further found that 70% of respondents did not know who or what determines what constitutes a reasonable accommodation for patients with disabilities.



Session 510 of the Rehabilitation Act, as amended in 2010, mandates the Access Board to issue minimum technical criteria for successful medical diagnostic equipment in consultation with the FDA. These standards, supported by the ADA & ABA, can be found at www.access-board.gov/mde

In preparation for this article, we were able to interview a mammography tech who has been certified in mammography since 2013. Her perspective is vital when trying to understand issues like these for women with disabilities seeking accessible care.

Q: Have you ever had a patient with a mobility challenge that you had to assist?

Tech: *"I have had many patients with mobility challenges. If the patient is less able to assist, then two or three of us will work together to get the best pictures possible. [...] We*

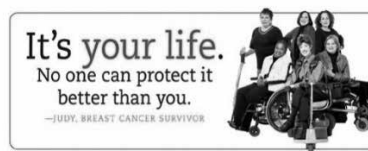
do what we can to get the best pictures for the radiologist while also keeping the patient safe and as comfortable as possible. We are in communication with the patient the whole time to ensure the comfort level."

Q: Is there adaptable/adjustable equipment available in your office for patients?

Tech: *"Our mammogram machines in the hospital [...] all have the ability to come down pretty low, so performing mammograms on patients sitting in a wheelchair is usually easily obtained."*

My experience lands somewhere in between Ms. Coulston's frustrating account and the mammography tech's explanation of how this procedure has met with progress. Indeed, I did struggle with some lack of accessibility, similar to what Ms. Coulston shared, but I did find better communication from the staff that worked with me. The mammography tech shared that everyone on the staff where she is employed receives training *"on best practices for working with patients with mobility issues. We have also had training on interacting with patients with vision and/or hearing loss, as well as interpreters."*

The CDC writes that several factors present barriers for women with disabilities from pursuing preventative medical screenings, like mammograms, or other checkups that could prevent disease, like oral care and Pap smears. For women with physical disabilities (WWPD), these barriers include many of the issues which Ms. Coulston experienced, like the absence of adaptive equipment or attitudinal barriers from providers and staff.



Center for Disease Control (CDC) image promoting breast cancer screening for all.

The mammography tech had some final words: *[The most important] tip I have to offer is to tell women to speak up. If there is something we can do better to help*

them lean in better or hurt less, etc. don't be afraid to say something."

Of course, any woman with a disability can tell you that when they speak up, it is sometimes not taken seriously or addressed. That leads to another issue that many women with disabilities experience when communicating with medical professionals.

Q: Have you found that you can get for a medical professional all the information about your disability, specific needs, etc. but arrive on the day of the appointment to find that they are surprised at these things, almost as if you have never spoken to them?

Erica C: *"Almost every time. I feel like if I made an appointment and somewhere has my medical information, that is information they should have! As a person with a disability, I do not feel like I should need to pre-announce my disability in order for them to be prepared. I feel like part of having an equitable society means that I should just be able to call and make an appointment; when I show up, it really should just be an attitude of "yes, of course Ms. Coulston, not a problem."*

Q: Now that we have identified a potential problem of equity for women with disabilities when seeking certain medical care, how do we transition from seeing the problem to beginning to solve the problem?

Erica C: *"It is important to find out if any accommodation or assistance is available at that specific provider's location where you will have your appointment/procedure. That could be a wheelchair accessible bathroom, height adjustable tables or machinery, or physical assistance. Sometimes, it is a good idea to call that office the same day as your appointment to go over those things to ensure that you are speaking with someone who is going to be there when you arrive. You will be able to reiterate what you were told when you may be appointment and asked about certain accommodations. This will give you the chance to double check that they know you are, what you need, and that what you have been told is available for your*



A woman in a wheelchair discusses something with medical staff during an appointment. It is wise to write down any information you are given.

One thing a woman can do is to voice an issue right at that moment with the manager or supervisor. It is a good moment to educate them on what they can do to improve on what they need to solve the problem for your next visit. Also, there is a lot to be said about the power of social media. Sites like Next Door, and other local community and neighborhood forums can be impactful. For instance, I could put on my neighborhood page that I visited a dermatologist in the community, and they did not have height adjustable tables, so I would recommend that any women with disabilities consider choosing another provider.

Of course, sometimes they will be unable or unwilling to make necessary changes. Being on the receiving end of that makes it challenging to stay unemotional and constructive."

The needle of progress is moving, albeit slowly! As in most things that people with disabilities advocate for, the improvements have been good for all of society, but there is much work to be done. Providers and medical offices are more aware now than they have ever been in the direction which they need to be heading to provide quality accessible care to all. I have had good experiences where there was not a hitch in communication or accommodation. However, as many women with disabilities have experienced, successful appointments are still too few and far between.



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Sports & Recreation

By: Ray Brown

Wheelin' Team 457 Bowling



Duane waits for his turn and to see who wins the 50-50 drawing while Bill takes a rest from bowling. Volunteer, Kelly, keeps order among our rowdy group.

In late October, we found ourselves at Mayville Lanes for a great day of bowling. When I go out for an event, I am reminded that I should carry on the "1-1-1 method" in order to have a successful day of wheelchair bowling. This method goes as following: see one, do one, and teach one!

My mind also drifts back to fond memories of Rick Knass, Roger McCarville, and Dick Mullins. They encouraged so many of us to attend PVA sponsored events, bowling included. We can all be thankful for the legacy they left us.

There is 3 types of bowling tools that can be matched up to the disability: ramp bowling, stick bowling, and



Scot Severn tallies scores and enjoys pizza while his sons, Cole and Kyle, attended the 3 game challenge.

a good set of brakes if bowling from a chair. Wheelin Team 457 loves to team up with the MPVA in hosting these bowling opportunities.

Scot Severn was in attendance and won our disabled division and is one of the best I've ever seen. It's only fitting as he is the MPVA's Director of Sports and Recreation and always willing to help and pass along his wealth of knowledge concerning the sport. Like our mentors before us, we'll pass this sport on to the next generation.

It's a fun time and a great sport. Come roll with us.





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2022 Winter Edition

Rest in Peace “Big Al” Opra! The Chapter and the veteran community will miss you dearly.



Al was an active associate member of our Chapter, a Beirut bombing survivor, and someone with an incredible spirit that supported numerous veteran charities and events. Rest in Peace, Marine!