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Virginia Rose, founder of the nonprofit Birdability, encourages others with disabilities to try accessible birding.

Photo by Mike Fernandez/ National Audubon Socieity

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FEATURES

ALSO IN THIS ISSUE...

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"I love to say that art is for everyone. It's not about making beautiful artwork. It's about enjoying the process and having some fun, which our caregivers don't get to do all the time."

— Natalie Borges

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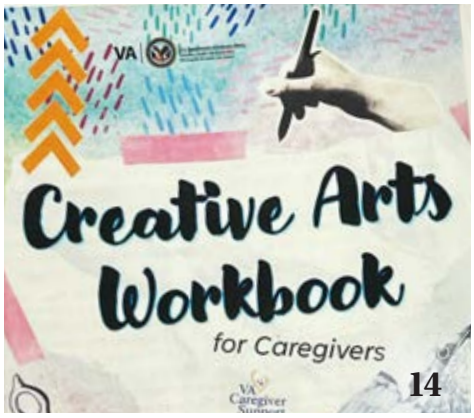

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DEPARTMENTS

Now in its 79th year and the official publication of Paralyzed Veterans of America, *PN* is a national, monthly magazine that covers news, health, research, lifestyle and issues of interest and concern to veterans and others with spinal-cord injury and disease. Anyone interested in submitting an article to *PN* should consult the Contributors Guidelines found on our website at pnonline.com. *PN* neither endorses nor guarantees any of the products or services advertised in the magazine. Readers should thoroughly investigate any product or service before making a purchase.

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NOVEMBER

Editor's DESK

The month of November can easily be summed up in one word — "thanks." From beginning to end, giving thanks is a powerful sentiment throughout the month.

This month of gratefulness really gets going on Veterans Day, when we give thanks to the men and women of our military, past and present, for their service to the country. Many veterans continue to serve others after their military careers, which is something Paralyzed Veterans of America Mid-Atlantic Chapter member Randall Pope did earlier this year. *Rolling With Randall* on page 18 looks at his remarkable 270-mile journey in a power wheelchair to benefit his chapter and those with multiple sclerosis.

November is also National Family Caregivers Month, and thanks definitely need to be given for this valuable group of people. Family caregivers work tirelessly to help in countless ways and are an indispensable part of someone's health care regime. But caregivers' well-being is important, too, which is why In Depth on page 14 and Caregiver Connection on page 48 are focused on them and their needs.

Of course, another big day of thanks is Thanksgiving. And while many of us are thankful to see a big, juicy bird at the dinner table, others have a different type of gratitude when seeing a bird. *Don't Just Wing It* on page 24 takes a look at the hobby of bird observation, which is more accessible than some might think.

We're thankful to bring those articles and this issue's other great content to you this month. We hope everyone has a wonderful Veterans Day and happy Thanksgiving.

Andy Nemann, Managing Editor

DIGITAL HIGHLIGHTS

CRANKING IT UP

Be sure to head over to pnonline.com this month as we cover a pair of handcycling events right in our own backyard of Phoenix. The Paralyzed Veterans of America (PVA) Intro To Paracycling Series visits the Valley of the Sun Nov. 12, followed by the PVA Paracycling Off-Road Camp Nov. 13–16. We'll have plenty of stories, photos and videos from both online.

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ROBERT L. THOMAS JR.
NATIONAL PRESIDENT

PVA from the TOP

The Impact of Mike Delaney

One of the most exciting things about being Paralyzed Veterans of America's (PVA) national president is that I get the opportunity to write an article each and every month for all members to read.

These articles are always enjoyable and meant to try and educate readers on a possible new fact or just give them an update on what's happening with important events that they couldn't attend.

Mike was zealous about advocating for the disabled community and his fellow men and women living with spinal cord injury and disease.

I always look forward to writing these articles, but there are also periods when I don't feel enthused to write them. This is usually when I talk about someone who had a profound impact on PVA's history who passed away.

Unfortunately, this is one of those columns, as we lost PVA past national president Michael "Mike" Delaney in August.

Mike was very instrumental in numerous things at PVA. One of the most important was his impact on helping make the decision to purchase the former national office headquarters building at 801 18th Street NW in Washington, D.C. PVA used this building for more than 20 years.

To give you some background about Mike, he was an Air Force veteran who served during the Vietnam War era. After he returned home in 1971, he sustained a spinal cord injury (SCI) in an automobile accident. Mike did his rehab at the Wade Spinal Cord Injury Center (now called Louis Stokes Cleveland Department of Veterans Affairs Medical Center) in Cleveland.

He didn't like the lack of resources for the disabled community, so he spent his life trying to change that. He joined PVA in 1972 with the PVA Michigan Chapter and was elected to our executive committee from 1977 to 1982, where he served as a national vice president, national senior vice president and national president.

Mike was also very passionate about sports and recreation and worked a great deal for the National Veterans Wheelchair Games. The PVA bass tournament and trapshooting programs were funded by sponsor relationships he worked passionately to petition and maintain. Mike was named a Speedy Award recipient by the PVA Board of Directors in 2011.

Mike was zealous about advocating for the disabled community and his fellow men and women living with spinal cord injury and disease. He was active as a past president and seen as a valuable adviser.

He unfortunately was diagnosed with dementia, which is a horrible disease that takes your memories. However, through it all, his family said within his last months, despite his memory loss, he never forgot PVA.

We'll miss our fellow patron, but Mike will always be a part of PVA's eternal chapter, as we follow his wheel path to keep fighting the good fight in making sure the world is more accessible for those living with disabilities. ■

COURTESY OF THE DELANEY FAMILY

Michael "Mike" Delaney

pva chapter roster

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AL KOVACH JR.
EDITOR-IN-CHIEF

Bunnies & Truth

Social media, once a digital play-ground for silly cat videos, has evolved into a full-blown information dumpster fire.

Do lies spread nowadays? Sure, but so can truth. And while we all want to be enlightened citizens, finding a reliable and unbiased source for information on the internet can be daunting, so the onus is on us cyber surfers to discern facts from all that other crazy stuff.

As far as social media is concerned, I suggest we treat every day as if it's April Fools' Day.

Peddled on Facebook, X, Instagram and other social media platforms, misinformation is often designed to trigger a strong emotional reaction, especially outrage or fear, to encourage rapid sharing. Research shows that everyone, regardless of which demographic we may fall into, is susceptible to this sometimes malicious tactic of deception.

The other day I was responding to a message I received from my 93-year-old former high school swimming coach on Facebook, but I somehow got distracted by a grainy black-and-white video showing a fluffle of bunnies hopping on a trampoline.

After watching the video loop a few times, I realized I had fallen victim to a clever social media prankster using artificial intelligence (AI). Fortunately, no animals were harmed, but my wife had fun busting my chops over my gullibility.

Even so, that little devil on my left shoulder told me to return to my Facebook page and subject myself to more posts from my so-called "friends." Hours later, I was sitting in the dark, still scrolling mindlessly through an endless stream of memes when I came across the headline "BREAKING NEWS!"

Under the banner, there were images of our secretary of defense with claims he donated his $12.9 million annual bonus to homeless support centers in his hometown of Minneapolis. C'mon, really?! That's a helluva bonus considering his salary is only $245,000 a year.

All kidding aside, whether it's an AI-generated video of bouncing bunnies or a fabricated meme about a bogus bonus, our boundless capacity for believing just about anything we see online is truly a testament to our digital naïveté.

Consider this: Would you call the phone number you found on the wall of a public bathroom for a good time? Probably not.

So, why would you suspend your critical thinking when a meme with a poorly cropped image and a shocking headline appears on your Facebook feed?

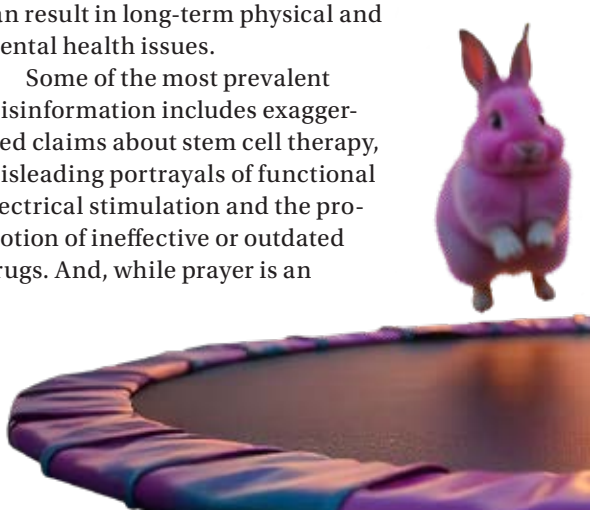
While videos and memes like the ones I mentioned are created for the purpose of harmless entertainment, social media misinformation becomes a serious issue when it causes real-world harm, exploits human psychology to spread rapidly and erodes trust in vital institutions.

Its impact escalates from benign online noise to a dangerous threat and can have devastating effects on people, especially those who are the most susceptible to exploitation — such as the chronically ill, people with disabilities and those who depend upon others to survive.

For instance, patients with a spinal cord injury and disease sometimes experience barriers in accessing in-person health care, or they feel ignored by their doctors. As a result, they become desperate and turn to the internet for alternatives.

Unfortunately, their vulnerabilities are often exploited by malicious actors spreading false hopes, promoting dangerous "cures," eroding trust in medical professionals and perpetuating harmful stereotypes that can result in long-term physical and mental health issues.

Some of the most prevalent misinformation includes exaggerated claims about stem cell therapy, misleading portrayals of functional electrical stimulation and the promotion of ineffective or outdated drugs. And, while prayer is an



FREEPIK AI

important practice for many people and some individuals have reported miraculous recoveries, there's no scientific evidence to suggest that praying alone will eliminate paralysis.

These misconceptions often exploit the hope for a cure and can lead patients to delay or forgo proven rehabilitative therapies for expensive, unproven and potentially harmful interventions.

Obviously, this deception works because too often I see someone on YouTube standing in his or her kitchen claiming he or she discovered a cure for a common ailment that Big Pharma is supposedly suppressing, or that doctors are beholden to the insurance industry and consequently not acting in your best interests.

So, why is it so easy to fall prey to evil-doers who troll the internet? Why do lies spread faster than the truth? Experts have long criticized the use of social media algorithms, especially those that are created to maximize user engagement, often amplifying content that aligns with a user's existing beliefs by prioritizing emotionally charged, sensational content.

In 2024, the National Institutes of Health reported that 82% of U.S. adult social media users perceived false or misleading health information on these platforms, and 67% of social media users reported difficulty in discerning true from false information online.

We all know there's a problem. But the United States government won't do much to combat misinformation due to the First Amendment to the Constitution that allows for free speech. But there are some organizations that try to set the record straight.

For example, following the World Health Organization's declaration of the novel coronavirus (COVID-19) pandemic in 2020, conspiracies ran rampant on social media regarding the source of the contagion, how it's spread and alternative treatments.

Fortunately, there's evidence that some folks took the time to investigate this barrage of misinformation before sharing questionable claims or engaging in violent activity.

In a study conducted at the John F. Kennedy School of Government at Harvard University in 2023, researchers found that fact-checking activity surged at Snopes, PolitiFact and Logically leading up to and in response to the pandemic. However, a surge in fact-checking doesn't always result in the mitigation of misinformation.

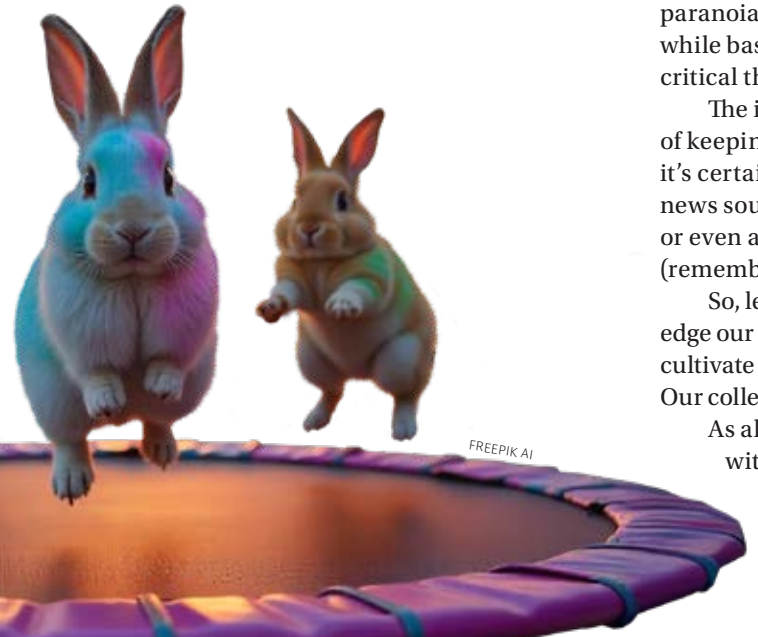
Turns out, we're hardwired to believe things that confirm our existing beliefs, even if those beliefs are about a global conspiracy involving lizard people secretly eating our brains or, in this case, scientists allegedly spreading misinformation about a pandemic. This is called confirmation bias, and it's like a tiny, enthusiastic cheerleader in our heads, constantly rooting for whatever already resonates with us.

The solution? As far as social media is concerned, I suggest we treat every day as if it's April Fools' Day. Let's enjoy a healthy dose of paranoia and marvel at the gullibility of others while basking in the glow of our own superior critical thinking skills.

The internet is a powerful tool, capable of keeping us connected and informed. But it's certainly not a replacement for a trusted news source, a reliable medical professional or even a good old-fashioned encyclopedia (remember those?).

So, let's laugh at the absurdities, acknowledge our own moments of online gullibility and cultivate a healthy sense of digital discernment. Our collective sanity might just depend on it.

As always, please share your thoughts with me at al@pvamag.com. ■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on the hill

JEREMY VILLANUEVA

Working To Increase Benefits

Every year, Congress considers numerous pieces of legislation that affect the care and benefits available to veterans through the Department of Veterans Affairs (VA).

Programs and benefits are scrutinized and adjusted to ensure that veterans and their families have the resources needed to allow them to take care of their ongoing needs.

However, year after year, and Congress after Congress, a couple of VA benefits intended for those most in need — Special Monthly Compensation (SMC) and Dependency and Indemnity Compensation (DIC) — have been overlooked.

Paralyzed Veterans of America (PVA) is working to increase these critical benefits to improve the lives of veterans with spinal cord injuries and disorders, their families and survivors.

Help For The Veteran

SMC is an ancillary benefit provided by the VA in addition to a veteran's disability rating.

It's unique in the sense that it's dependent on noneconomic factors, such as the profoundness of disability, personal inconvenience and social inadaptability.

For example, a veteran who lost the use of his or her lower extremities in service to his or her country is compensated not just for the loss of future earning potential, but SMC will also try to ensure that all future hardships and costs associated with the person's disability are covered.

Veterans with catastrophic disabilities and their families face many obstacles in their daily lives that make it more difficult to live and thrive. In short, being disabled is expensive.

Some veterans who can no longer take care of themselves without assistance may be eligible for aid and attendance (A&A). If the veteran is totally disabled and requires the help of another person to perform the personal functions required in everyday living, the veteran would be considered for A&A.

For the most seriously disabled and those who need constant, specialized care, the SMC rates of R1 and R2 provide the highest rates of compensation to try and offset the cost of care. These veterans endure the most severely disabling conditions.

However, PVA has heard time and time again about how those in receipt of the highest levels of SMC are still struggling to make ends meet, and in some cases, going into debt just to survive.

Unfortunately, SMC's baseline rates have remained stagnant for far too long. Congress needs to increase the current rates to help catastrophically disabled veterans with the higher costs and needed care associated with having a serious disability.

Veterans with catastrophic disabilities and their families face many obstacles in their daily lives that make it more difficult to live and thrive. In short, being disabled is expensive.

Protecting Survivors

Meanwhile, DIC is intended to protect against survivor impoverishment after the death of a service-disabled veteran.

In 2025, this compensation starts at $1,653.07 per month with slight increases if the surviving spouse has eligible children who are under age 18. DIC benefits last the entire life of the surviving spouse, except in the case of remarriage before age 55.

For surviving children, DIC benefits last until age 18. If the child is still in school, these benefits may continue until age 23. The DIC program's baseline rate was established in 1993 and has only received annual cost of living adjustment (COLA) increases since then.

In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55%.

This difference presents an inequity for survivors of our nation's military veterans compared to survivors of federal employees. DIC payments were intended to provide surviving spouses with the means to maintain some semblance of economic stability after the loss of their loved one.

Giving Hope

Raising the rates of SMC and DIC are a top PVA priority for the 119th Congress.

PVA has supported bills such as the Caring for Survivors Act of 2025 (HR 2055/S 611), which would raise the VA's DIC rate to an amount equal to 55% of the compensation received by a 100% service-disabled veteran. PVA is also working with Congress on ways to increase SMC.

Congress hasn't taken any significant steps in recent years toward ensuring that the most seriously disabled veterans and their survivors are taken care of financially. PVA urges Congress to pass legislation that would increase the amounts of SMC and DIC beyond the standard COLA.

Raising DIC and SMC rates could make a world of difference to those who depend on these benefits. It means an electric bill can get paid to keep a ventilator on and wheelchair charged, a full tank of gas to get to a medical appointment, one more set of clothes or one less worry. Increases, no matter the size, give hope.

Jeremy Villanueva is PVA's associate legislative director in Washington, D.C. ■

BRITTANY MARTIN

Art Journaling For Caregivers

Caregivers help veterans who have sustained catastrophic disabilities maintain their independence and quality of life. But caregivers themselves also need support to stay healthy, and they often aren't recognized for their efforts.

That's why July's National Veterans Wheelchair Games (NVWG), co-sponsored by Paralyzed Veterans of America and the Department of Veterans Affairs (VA) in Minneapolis, included a new activity designed to connect caregivers and provide a space for respite and self-care.

Hosted by the VA Caregiver Support Program, the Art Journaling for Caregivers workshops led attendees through several pages of a specially created art workbook filled with drawing and writing prompts and ideas for crafts.

"We want our caregivers to feel welcome, too. We want them to have opportunities to come here and also relax and not just be a caregiver," says PVA Senior Associate Director of Sports and Recreation Jennifer Purser. "So, you're going to see that evolve as we go through the Games. This was a trial run, and I think next year we're going to make it a little bit bigger, maybe do a few different things, but definitely to give them a space where they can go and just relax for a little bit."

Creativity & Socialization

The art journaling workshop at the NVWG is an expansion of a program started by Natalie Borges, a social worker in the caregiver support program at Edward Hines Jr. VA Hospital in Hines, Ill.

Colleen M. Richardson, PsyD, executive director of the VA Caregiver Support Program, says through email the program started an initiative in October 2023 to identify and create innovative ways to meet caregiver needs. Program staff sought caregiver feedback about what caregivers were interested in that could support them in their journey, and staff initiated multiple innovative projects. Borges was chosen to come up with creative art supports for caregivers and developed virtual and in-person art classes for them.

"I just think art is such a great way to express yourself, to be creative, to gain confidence, to socialize," Borges says.

The classes were so successful that she and colleague Kristen Kerkhoff created a workbook for caregivers to do art by themselves at home. The book contains about 50 prompts and 20 appendix pages that include pictures to cut out and paste inside. They tested the workbook with caregivers and adjusted it with their suggestions.

"This was really nice because the workbook, VAs can print and give to caregivers, but then everything in the workbook can be done with materials caregivers should already have at home, like colored pencils, glue, that sort of thing," Borges says.

Borges also helped develop a curriculum for art in a group setting to incorporate socialization among caregiv-

PHOTOS THIS PAGE BY DAVID HOSTETLER

BRITTANY MARTIN

Social worker Natalie Borges, left, led caregivers through several activities during an Art Journaling for Caregivers workshop at the 2025 National Veterans Wheelchair Games.

ers. She says her classes are "one part art class and one part support group." Borges hopes caregivers try some new things and have fun coloring and being creative. But the class also offers a way to make people more comfortable with opening up about their experiences.

"I love to say that art is for everyone. It's not about making beautiful artwork. It's about enjoying the process and having some fun, which our caregivers don't get to do all the time," Borges says. "So, I hope whenever they join, it's a little break from their regular caregiving day, that they get to have some fun and talk to other caregivers."

At the Games, art journaling sessions were marked by raw emotions, camaraderie, personal stories and a few tears.

Kimberly Outlaw of Charlotte, N.C., was one of the caregivers who participated in one of the sessions. Her husband of four years, Army veteran and PVA Southeastern Chapter member Charles Outlaw, sustained a level C3-C5 spinal cord injury in a biking accident in 2006.

"It's always good to get that downtime," she says. "I've just started learning about needing to have that instead of being there all the time. I've just really gotten into, 'OK, you need some self-time.'"

Kimberly had never journaled before, but she likes coloring sometimes and says the art journaling workshop was therapeutic.

"This was nice to do with a group of people who are going through the same issues and stuff you have in your journey in life," Kimberly says. "Hearing what they go through, even though I'm a nurse, it's different when you're taking care of somebody you love or a loved one or family member and having to be there for them 24/7. You don't get that off time. So, this was definitely good to hear, like, OK, I'm not the only one."

VA Caregiver Support

Richardson says approximately 95,000 caregivers participate in VA's Caregiver Support Program.

The program was initiated following the 2007 President's Commission on Care for America's Returning Wounded Warriors. In 2008, the VA established an interdisciplinary advisory board to create caregiver assistance initiatives. The program expanded with the 2010 Caregivers and Veterans Omnibus Health Services Act that introduced the Program of General Caregiver Support Services (PGCSS), which offers basic training and education, and the Program of Comprehensive Assistance for Family Caregivers (PCAFC), which provides training, education and clinical support to caregivers enrolled in the Caregiver Support Program, as well as a monthly stipend, enhanced respite, beneficiary travel and the Civilian Health and Medical Program of the VA, if eligible.

PCAFC (caregiver.va.gov/support/support_benefits.asp) and PGCSS (caregiver.va.gov/pdfs/FactSheets/VA-Caregivers_PGCSS_FAQ_Flyer.pdf) have different eligibility criteria.

VA Caregiver Support offers several benefits and resources, including CPR training, legal and financial planning, peer support mentoring, respite care and more.

"VA's Caregiver Support Program will continue to partner with [veterans service organizations] and will continue being an important part of adaptive sports program events to provide a community for caregivers," Richardson says through email.

The Art Journaling for Caregivers curriculum is available at many sites across the VA, both virtually and in person. For more information or to find your local caregiver support team, visit caregiver.va.gov/support/new_csc_page.asp. ■

veteran advisor

MATT WEZKA, NSO

Employment & Home

What comes to mind when thinking about the Department of Veterans Affairs (VA) Veteran Readiness and Employment (VR&E) program?

It could be some sort of help with employment, whether that's meeting with career coaches to help land that next big job, receiving job training or getting help to write a résumé.

While that is accurate, the VA's VR&E program can also assist with obtaining home improvements through the Independent Living Program. While that may not seem like a benefit to fall under the VR&E umbrella, it does all fit together. And it's a benefit you could eligible to receive.

Eligibility

The program isn't available to everyone. There are strict entitlement and eligibility requirements, and the scope and number of annual grants is limited.

A veteran may qualify for independent living services through the Independent Living Program if he or she can't return to work and the veteran's service-connected disability affects his or her ability to perform activities of daily living (ADL) such as bathing, dressing, accessing the community and interacting with others.

If the veteran and his or her VA vocational rehabilitation counselor (VRC) have the goal of employment, then the veteran may also receive these services as he or she works toward that objective.

To be entitled to VR&E benefits, the veteran must:

- Have a vocational impairment (barrier to employment)
- The veteran's service-connected disabilities contribute in substantial part to the vocational impairment.
- Evidence must demonstrate the veteran hasn't overcome the vocational impairment (through education/training/suitable employment).

Second, the veteran must meet the eligibility requirements for VA independent living services as follows:

- The veteran must have a service-connected disability rated at least 20%.
- The veteran must have a significant barrier to employment.
- The veteran's disabilities prevent him or her from looking for or returning to work.
- The veteran must have limitations in completing ADLs.
- The veteran must be in need of services to live independently.

Assessment

Once entitlement is established, the veteran will then need to qualify for independent living services.

To qualify, the VRC must determine that achieving a vocational goal isn't currently feasible due to the severity of the veteran's disabilities. It's also important to note that it still must be feasible for the veteran to participate in independent living services.

Once feasibility is positively determined, the VA will conduct a preliminary Independent Living Assessment.

For this, the veteran will meet with a VRC who will conduct more of a casual discussion about ADLs, what the veteran can or can't do with or without assistance and, most importantly, give the veteran the opportunity to communicate his or her wishes and needs to the VRC.

After the preliminary Independent Living Assessment comes the Comprehensive Independent Living Assessment. For this, the VRC refers the veteran to an independent living

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contractor, who will set up a date and time to visit the veteran's home for a "walk-through."

The contractor will take photos and assess the veteran's home specific to ADLs and disability-related safety concerns and make professional recommendations. After the comprehensive assessment is completed, it's reviewed, and a referral will be made to the VA's Specially Adapted Housing (SAH) program.

If SAH services are pursued, work with a contractor. All contract paperwork must be submitted, and SAH will provide approvals and cost information to the Vocational Rehabilitation and Employment Officer (VREO). If SAH isn't indicated, the VRC will review the Independent Living Plan with the VREO.

Avocational Goals

There are some other details to touch on with this program.

To start, the veteran is allowed one avocational goal per plan, and it must be one that involves an activity the veteran participated in before his or her service-connected disability.

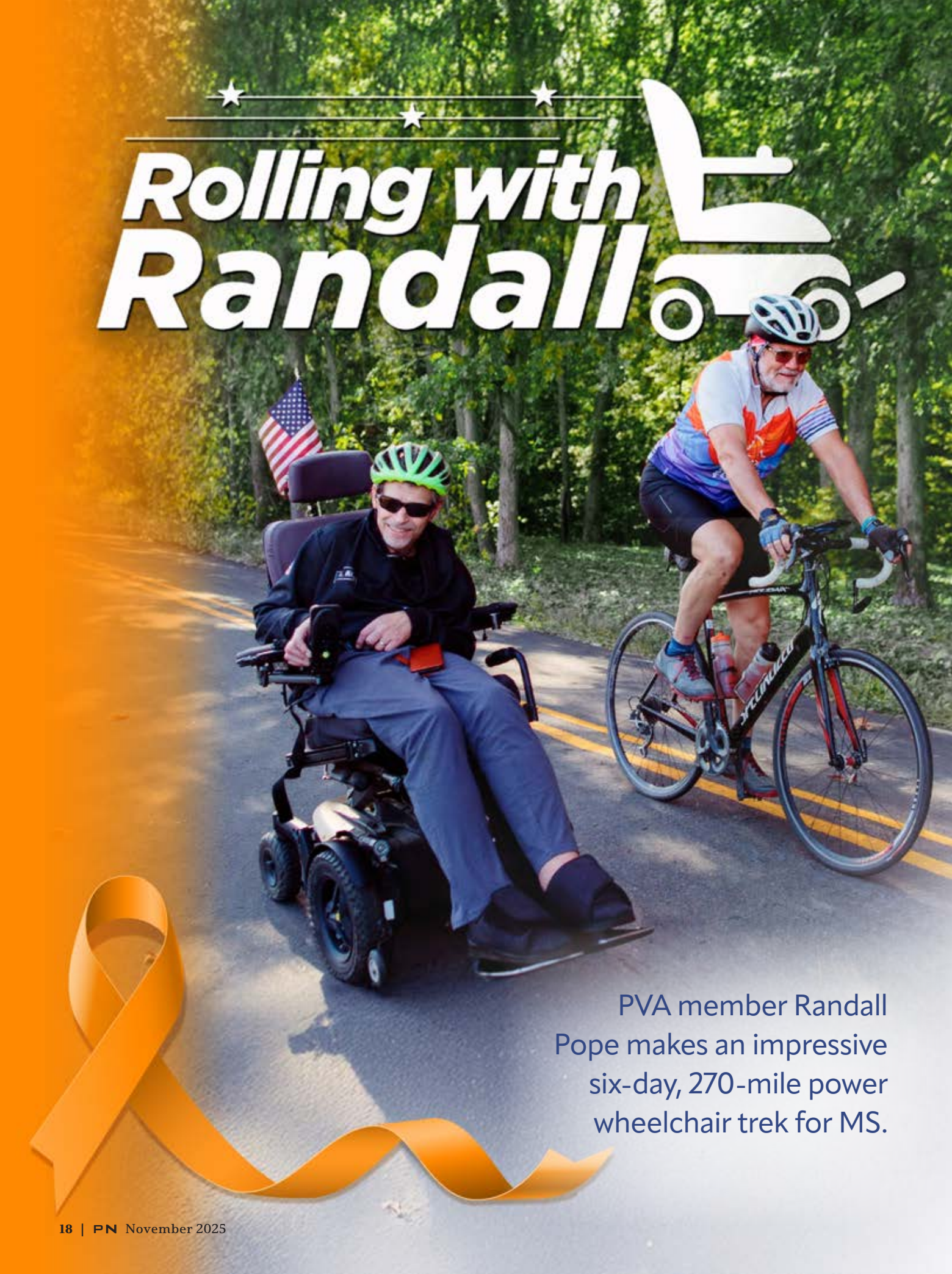
An avocational goal is essentially something a person does as a hobby or something one does for enjoyment. Next, short-term training is permitted if it specifically focuses on improving independence in daily living.

For more information on VR&E benefits or any other benefits, contact the nearest Paralyzed Veterans of America (PVA) national service officer (NSO) from the roster on page 29.

Information for this article was gathered from public sources such as va.gov and Title 38 of the Code of Federal Regulations.

A Marine Corps veteran, Matt Wezka is a PVA NSO in Buffalo, N.Y. ■

Rolling with Randall



PVA member Randall Pope makes an impressive six-day, 270-mile power wheelchair trek for MS.

by Rachel Sokol

photos courtesy of Randall Pope and the Paralyzed Veterans of America Mid-Atlantic Chapter

Randall Pope's Rolling with Randall power wheelchair journey covered 270 miles from Virginia to Washington, D.C., in six days to highlight multiple sclerosis.

If you want to "just do it," there's no time like the present, right? That's certainly what Randall Pope believes — and did.

In his power wheelchair, Pope, an Army veteran, recently completed a remarkable six-day trek, starting at Christopher Newport University in Newport News, Va., and ending at the Pentagon in Washington, D.C.

Diagnosed with multiple sclerosis (MS) three decades ago, Pope set out to raise awareness for MS and support the Paralyzed Veterans of America (PVA) Mid-Atlantic Chapter. The 270-mile expedition reflected his love of community, military pride and determination to inspire others living with MS.

Unexpected Turn

Pope's first physical MS symptom appeared unexpectedly in June 1994 while he was in the Army. After a company run in Fort Worth, Texas, he couldn't see out of his right eye.

"It was hot and humid, and I didn't think much of it at first," he says. "A couple hours later, my eye was totally fogged over."

After months of testing, Pope was diagnosed with optic neuritis, often an early sign of MS. To this day, he still can't see out of his right eye.

The eventual MS diagnosis was, understandably, jarring. Pope had recently reenlisted and was planning to stay in the military for at least 20 years.

"Until I was discharged in April 1995, I didn't do anything in the military. I couldn't work on aircrafts anymore. I just sat and watched everyone else go out on exercises," Pope says. "That really hurt."

However, instead of harping on his diagnosis, he decided to educate himself about MS at the base library.

"I didn't even know what MS was," he says. "There was no Google back then. I wanted to understand what was happening inside my body."

An Idea Was Born

In September 2024, Pope — who was born and raised in Michigan and currently resides in Virginia — had an idea.

"I was sitting at my desk on a Sunday morning, realizing it was 30 years since my diagnosis. I'd done MS walks and water stations before, but I wanted to do something different," he says. "So, I thought, 'Why can't I cross the state of Virginia in my power chair?'"

That's how Rolling with Randall came to be.

"I had to do something bold, something bigger. Not just a 'walk,' but something that would really make people pay attention," Pope says.

That "little idea" became a massive undertaking. With behind-the-scenes assistance from PVA Mid-Atlantic Chapter Execu-

Randall Pope, in wheelchair, was diagnosed with multiple sclerosis 30 years ago.

Randall Pope and his longtime friend, Bruce White, ride down a Virginia road together.

Randall Pope, in wheelchair, with his safety team

tive Director Ivan Schwartz, Pope mapped out his route and recruited fellow veterans, family and close friends. Even Pope's dog, Tracer, came along.

One of those friends, Jerry Thompson, is a fellow Army veteran with whom Pope served in the late 1980s. He joined Pope on the route by riding alongside him on a bicycle.

"We're still close after all these years," Pope says. "That kind of camaraderie, that small-unit bond, is what I was looking for, and I found it on this trip."

The Powerful Power Chair

There was a major catch, though. Pope's power chair, made by Permobil, needed to hold up well for the challenge ahead. Sure, it could go from point A to point B — but could it handle a 270-mile crossing of Virginia?

"I joked, 'If the chair doesn't work, we're not going anywhere,'" says Pope.

So, Permobil provided not only the technical support needed for the ride, but five extra sets of batteries and even a backup chair.

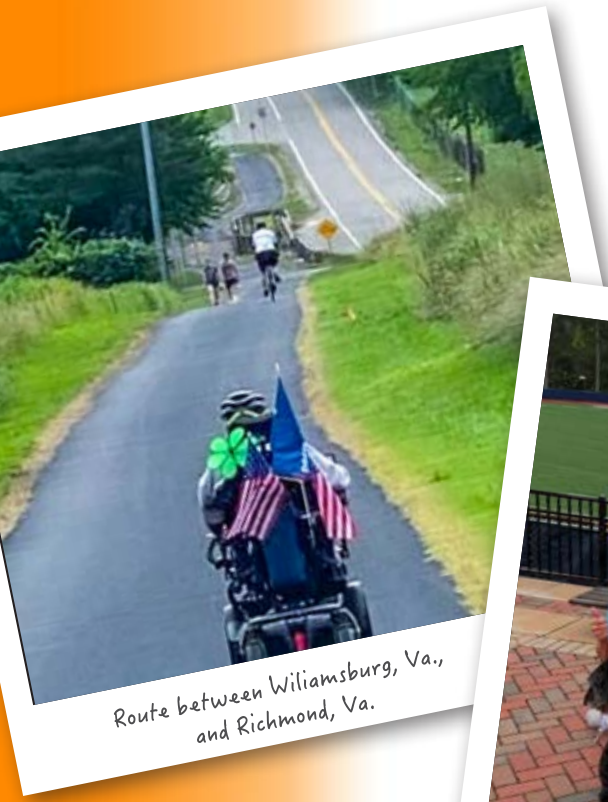
"They were incredible," Pope says. "They tracked the chair remotely and had techs available in case something went wrong."

Off He Rolls

Rolling with Randall launched on May 28 in the pouring rain, and Pope remembers that first day vividly.

"It rained the whole time," he says. "We were getting splashed by passing cars, soaked to the bone … but we didn't stop. That's when people realized we were serious."

The first day covered 28 miles from Christopher Newport University to the College of William & Mary in Williamsburg, Va. The route continued over six days, often stop-



Route between Wiliamsburg, Va., and Richmond, Va.

University of Richmond in Virginia

Randolph-Macon College in Ashland, Va.

"I had to do something bold, something bigger. Not just a 'walk,' but something that would really make people pay attention." — **Randall Pope**

ping at universities and landmarks, building momentum, media attention and community support. Pope and his team mostly traveled suburban backroads rather than busy highways and intersections.

Pope particularly liked rolling through Richmond, Va.

"People were pulling over, high-fiving us, taking videos ... I've lived in Virginia since 1998, but I saw parts of Richmond I'd never seen before. It was a beautiful day," he says.

Along the way, kindness showed up in unexpected places.

"After we left Ashland, (Va.), a tractor trailer pulled alongside our chase vehicle (the van that was following Pope and his team) and blocked traffic for us. The driver, a woman, refused to let people pass because she understood what we were doing," Pope says. "That was just amazing."

Pope and his team stayed in hotels overnight, stopping for meals and to take in all the scenery. They even stopped at an ice cream truck at one point en route.

The Final Stretch

The adventure wrapped up on June 2 at the Pentagon, where friends, family, supporters and members of the Pentagon police met him.

"We had a lane created by police cars. My service dog, Tracer, ran up to me; I just started crying," Pope says. "It was emotional to see my kids, my grandkids and my wife. We did it!"

One extra special moment came when a Navy commander stepped forward to thank Pope for his service.

"I'm a sergeant. As a non-commissioned officer, I wasn't going to let an officer stand in front of me without returning his salute," Pope

Randall Pope and support staff at the Pentagon

Randall Pope and others at the Pentagon

University of Mary Washington in Fredericksburg, Va.

says. "So, my brother and my buddy helped me stand so I could do it properly."

Pope says the experience was one of the best of his life.

"I've had one bad day in my life — when I was diagnosed with MS. Everything since then has been filled with good things," Pope says. "I have a beautiful wife, kids, grandkids … I've beaten cancer. I live on a farm with cattle and goats. I even bowl in two leagues. I stay busy, and I have no complaints."

And Pope's enthusiasm and charisma inspire others.

"It's been a blessing to see how Mr. Pope's effort has been inspirational for many of our other vets," Schwartz says. "I hope that his energy, drive and positivity remain contagious for a very long time. At first, when some of our other PVA members heard about Mr. Pope's idea, many of them were skeptical. Maybe now, they, too, can be confident in trying something new and be inspired by his can-do attitude."

Pope's message for others with MS is simple: "You can live with this," he says. "Thirty years later, I'm still living, still rolling, still doing things I love … and I wanted people to see that."

He isn't slowing down anytime soon.

"I'm not sure what the next adventure will be, but I know I'm not done," Pope says. ■

"I've had one bad day in my life — when I was diagnosed with MS. Everything since then has been filled with good things." — **Randall Pope**

Don't Just

ILLUSTRATION BY KERRY RANDOLPH/ GRAPHICS BY FREEPIK

With some preparation, accessible birding can be a fun and rewarding pastime.

by Geri Koeppel

More than a third of

American adults — about 96 million people — engage in bird observation for fun, as a competitive hobby or to participate in citizen science, according to a 2022 study by the U.S. Fish and Wildlife Service.

For people with spinal cord injuries or disabilities (SCI/D), birding not only is possible, but it's an accessible pastime.

While birding can involve traipsing up and down primitive mountain trails and into canyons for able-bodied people, it's frequently done in urban and suburban parks with flat, paved paths and at well-developed Americans with Disabilities Act (ADA)-compliant attractions such as botanical gardens and arboretums. In many places — Bosque del Apache National Wildlife Refuge in New Mexico, to name one — people effectively bird from a vehicle.

Although it often takes more thought and planning for wheelchair users, the rewards are plentiful.

Peggy Thomas of Mesa, Ariz., goes birding about once a week around the Phoenix metro area in her power wheelchair. A level C5/C6 quadriplegic, she was injured on the job working for the U.S. Geological Survey in 1981 when she was 21.

Thomas has been on trails around Arizona in Sedona, Ariz., at the Mogollon Rim and more. She's also a master gardener who created a verdant yard that attracts a wide variety of native desert birds.

"You're searching for everything that's beautiful in the world," Thomas says of birding. "And you're just looking at nature and not paying attention to anything else that might be going on in the world around you. And it's just a great way to start the day."

Wing It

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GERI KOEPPEL

PEGGY THOMAS

PEGGY THOMAS

PEGGY THOMAS

PEGGY THOMAS

Peggy Thomas of Mesa, Ariz., enjoys birding and taking pictures like the ones above right.

How To Start

Birding can be as simple as watching and listening to the species that show up in your yard.

Download Cornell Lab of Ornithology's Merlin Bird ID app to help identify birds by appearance and call. The "Sound ID" feature identifies which bird or birds are singing, which is helpful for beginners and when plumage is confusing.

If you want to progress, opportunities exist — more so than ever before.

Virginia Rose of Austin, Texas, a T10 paraplegic injured in a horseback riding accident 52 years ago at age 14, started the nonprofit Birdability in conjunction with her local Travis Audubon Society. The group "works to ensure the birding community and the outdoors are welcoming, inclusive, safe and accessible for everybody," according to its website.

Once she began birding 22 years ago, Rose, who uses a manual wheelchair, says, "I was outside again, and I was loving it. I was completely engrossed. There was so much joy and so much companionship with like-minded people. It was one benefit after another."

Birdability.org addresses people with physical, mental or developmental challenges and those who are neurodivergent or have other health concerns — not just wheelchair users.

"I want to try as hard as I can to help disabled people put away the fear of uncertainty," Rose says.

One of the many invaluable aspects of the site is a crowdsourced, searchable map, created in partnership with the National Audubon Society. It includes more than 2,000 birding locations with accessible elements.

Each listing gives details on everything from parking and bathrooms to trail surface, length, steps, ramps, shade and more. It isn't the final word on where to bird — it depends on user input, and many top spots aren't listed yet. But it's a way to get started and perhaps be inspired to add information for other would-be birders.

Rose notes that because everyone is different, the checklist is not one-size-fits-all. It simply describes the location, allowing individuals to assess it for their own needs. Even then, Rose warns, it's not perfect.

"My caveat always is you can't know until you go," she says.

Birdability.org also documents various types of adaptive equipment, ranging from hands-free binoculars to wheelchair-mounted scopes. Thomas, who has limited mobility in her arms, uses a camera with a bite switch for clicking her camera's shutter.

Finding Other Birders

Regional bird groups are a great way to connect with other birders, and many organize outings that wheelchair users can join.

Search for your local Audubon Society or Bird Alliance websites and check the events section.

Virginia Rose, founder of Birdability, looks for birds among the bluebonnets at Warbler Woods in Cibolo, Texas.

TERRY BANKS

COURTESY OF VIRGINIA ROSE

Virginia Rose, seated, looks for birds during a group outing.

(Some chapters still use "Audubon" and others have switched to "Bird Alliance" due to a problematic history with the namesake.)

Marcia OBara of Tucson, Ariz., a retired registered nurse, leads outings for Tucson Bird Alliance that she calls "Birding for Every BODY" to emphasize the inclusivity. Although she can walk, she has severe lung disease and uses oxygen.

OBara often plans birding trips to stationary spots with feeders, such as Santa Rita Lodge in Arizona's Madera Canyon, which is known for its array of migrating hummingbirds.

These are places "where a known quantity and quality of birds show up," she says. "They're feeding them in a very healthy way. Their population is managed."

Even if an outing is labeled "accessible," however, it's a good idea to email the trip leader and ask specific questions geared toward your situation before you go.

For example, OBara says, she and many wheelchair users need shade and can't be out when it's too hot. Her oxygen tank will shut off, and people with spinal cord injuries often have difficulty regulating their body temperature.

Thomas recommends contacting outing leaders to tell them of your mobility limitations and let them know that if there are places you can't reach, you'll need to veer off and meet up with the group later.

Another way to start birding is to look for festivals and special events in your local area or somewhere you'd like to travel. Cornell Lab's All About Birds (allaboutbirds.org/news) has a page that lists festivals throughout the U.S. and internationally.

Navigate to each specific festival page to see if they have a list of outings and if any are marked as accessible. Many festivals celebrate migrating birds that you usually only see in specific locations at specific times of the year.

The Tucson Bird Alliance, for instance, hosts the Southeast Arizona Birding Festival every August, which includes at least a handful of accessible outings.

Using social media — both SCI/D-related and birding pages and accounts — is another way to seek out fellow birders.

Search for local bird blogs, as well.

Thomas used to have a blog at birdingwithoutbarriers.com, although it hasn't been updated in nearly a decade, and is always looking for other wheelchair users to join her.

Advocate For Better Birding

Like most things, accessible birding will get better with more advocacy. Rose says some groups are more progressive than others when it comes to accessibility. It usually takes someone assertive and persistent getting into the mix.

"Once you have an advocate as a member or in an orbit close to the chapter, then it happens," she says.

OBara and Rose recommend contacting your local bird club's executive director and

KIMBERLY AIKINS

Tucson Bird Alliance's "Birding for Every BODY" hosts outings like this one at Sweetwater Wetlands in Tucson, Ariz.

setting up a meeting to explain your needs and familiarize them with Birdability.

The website has links to a template to advocate for change and other resources, including tips on writing bird outing event descriptions, inclusive language and more.

OBara also mentions looking up Freya McGregor, an occupational therapist who founded Access Birding (accessbirding.com), a consulting and training resource for planning and leading accessible birding outings.

In addition, OBara suggests giving feedback when encountering both positive and negative situations. For example, she was delighted to find all-terrain scooters at Rocky Mountain National Park in Colorado and let staff members know.

BONNIE LEWKOWICZ

Advocate for accessibility to improve birding for everyone.

BONNIE LEWKOWICZ

Hands-free binoculars and wheelchair-mounted scopes can help birders with disabilities.

On the other hand, OBara was dismayed to find just days before an outing that the bathrooms at a local park were closed for renovations and the portable toilets weren't ADA-compliant. She contacted Pima County to give them an earful about it.

Similarly, Rose says she was on a trip at Austin's Lady Bird Lake, and there was no parking space for her van.

"I called 311. I said, 'Who do I talk to? This is what's going on,'" Rose recalls. "You have to be this person who says, 'This isn't right; who do I call to fix it?'"

It's also important to let other participants on outings know what they can do (or not do) to help. Thomas says she doesn't expect trip leaders to change their itinerary for her, but she appreciates it when other birders don't block her view.

"You can always let the wheelchair person get in front, because we're not going to be in your way," Thomas says.

Rose says while it's important to speak up, it's also essential to be pleasant, to get involved — go to birding club meetings, for example — and to explain how accessibility can improve birding for everyone.

"Offer, offer, offer as much as you can to make it easy for them to love you," she says. "You have to make them want to work with you." ■

pva service office roster

PN

For assistance, please refer to the directory below to identify the Paralyzed Veterans of America (PVA) Service Office nearest you. Also, you may contact the PVA Veterans Benefits Department located at our headquarters in Washington, D.C., at 866-734-0857.

ALABAMA
VARO, Montgomery
334-213-3433

ARIZONA
VARO, Phoenix
602-627-3311

ARKANSAS
VARO, North Little Rock
501-370-3757

CALIFORNIA (Hawaii, Manila)
VAMC, Long Beach
562-826-8000, ext. 23774

VARO, Los Angeles
310-235-7796

VAMC, Mather
916-843-2602

VAMC, Palo Alto
650-493-5000, ext. 65046

VARO, Rancho Cordova
916-364-6791

VAMC, San Diego
858-552-7519

VARO, San Diego
619-400-5320

Veterans Career Program
San Diego
202-416-6477*
(covering AK, AZ, CA, HI, ID, NV, OR, WA)

COLORADO (Wyoming)
VARO, Denver
303-914-5590

DELAWARE
VARO, Wilmington
302-993-7252

DISTRICT OF COLUMBIA
PVA National Office
202-872-1300

FLORIDA
VAMC, Lake City
386-755-3016, ext. 2236

VAMC, Miami
305-575-7180

VAMC, Orlando
407-631-1000, ext. 11835

VARO, St. Petersburg
727-319-7470

VAMC, Tampa
813-978-5841

Veterans Career Program
Tampa*
202-416-7688

GEORGIA
VARO, Atlanta
404-929-5333

VAMC, Augusta
706-823-2219

Veterans Career Program
Atlanta
202-416-6475*
(covering AL, AR, FL, GA, LA, MS, NC, PR, SC)

ILLINOIS
VARO, Chicago
312-980-4278

VAMC, Hines
708-202-5623

INDIANA
VARO, Indianapolis
317-916-3626

IOWA
VARO, Des Moines
515-323-7544

KANSAS
Wichita
316-688-6875

KENTUCKY
VARO, Louisville
502-566-4430 / 4431

LOUISIANA
VARO, New Orleans
504-619-4380

MAINE (Vermont, New Hampshire)
VAMROC, Augusta
866-795-1911 / 207-621-7394

MARYLAND
VARO, Baltimore
410-230-4470, ext. 1020

MASSACHUSETTS (Connecticut, Rhode Island)
VARO, Boston
617-303-1395

VAMC, Brockton
774-826-2219

Veterans Career Program
Boston
202-416-6478*
(covering CT, DE, MA, ME, NH, NJ, NY, PA, RI, VT)

MICHIGAN
VARO, Detroit
313-471-3996

MINNESOTA
VAMC, Minneapolis
612-629-7022

VARO, St. Paul
612-970-5668

Veterans Career Program
Minneapolis
202-416-6476*
(covering IA, IL, MI, MN, ND, NE, SD, MT, WI, WY)

MISSISSIPPI (Louisiana)
VARO, Jackson
601-364-7188

MISSOURI
VAMC, Kansas City
816-922-2882

VAMC, St. Louis
866-328-2670 / 314-894-6467

VARO, St. Louis
314-253-4480

NEBRASKA
VARO, Lincoln
402-420-4017

NEVADA (Utah)
VARO, Las Vegas
702-791-9000, ext. 14458

VAMC, Reno
775-321-4789

NEW JERSEY
VARO, Newark
973-297-3228

NEW MEXICO
VAMC, Albuquerque
505-265-1711, ext. 5046

VARO, Albuquerque
505-346-4896

NEW YORK
VAMC, Bronx
866-297-1319
718-584-9000, ext. 6272

VARO, Buffalo
716-857-3353

VARO, New York
212-807-3114

VAMC, Syracuse
315-425-4400, ext. 53317

NORTH CAROLINA
VARO, Winston-Salem
336-251-0836

OHIO
VAMC, Cleveland
216-791-3800, ext. 4159

VARO, Cleveland
216-522-3214

OKLAHOMA (Arkansas)
VARO, Muskogee
918-781-7768

VAMC, Oklahoma City
405-456-5483

OREGON (Idaho)
VARO, Portland
503-412-4762

PENNSYLVANIA
VARO, Philadelphia
215-381-3057

VARO, Pittsburgh
412-395-6255

PUERTO RICO
VACHS, San Juan
787-641-7582 ext. 11566

VARO, San Juan
888-795-6550 / 787-772-7384

SOUTH CAROLINA
VARO, Columbia
803-647-2432

SOUTH DAKOTA (North Dakota)
VAMROC, Sioux Falls
605-333-6801

TENNESSEE
VAMC, Memphis
901-523-8990, ext. 7795

VARO, Nashville
615-695-6383

TEXAS
VAMC, Dallas
214-857-0105

VAMC, Houston
713-794-7993

VARO, Houston
713-383-2727

VAMC, San Antonio
210-617-5300, ext. 16819

VARO, Waco
254-299-9944

Veterans Career Program
San Antonio
202-416-6479*
(covering CO, KS, NM, MO, OK, TX, UT)

VIRGINIA
VAMC, Hampton
757-722-9961, ext. 2943

VAMC, Richmond
804-675-5316

VARO, Roanoke
540-597-1707

Veterans Career Program
Richmond
202-416-6481*
(covering DC, IN, KY, MD, OH, TN, VA, WV)

WASHINGTON (Alaska, Montana)
VAMC, Seattle
206-768-5415

VARO, Seattle
206-220-6149

Veterans Career Program
Seattle
202-416-7621*

WEST VIRGINIA
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Cutting-Edge Care

State-of-the-art innovations in SCI/D care highlighted this year's PVA Healthcare Summit + Expo.

by Brittany Martin

Keeping up with the rapid pace of technological advancements can be overwhelming, especially for health care professionals specializing in spinal cord injury and disease (SCI/D) who already have so much on their plates.

But this year's Paralyzed Veterans of America (PVA) Healthcare Summit + Expo Aug. 24-27 in New Orleans gave more than 700 physicians, nurses, social workers, physical and occupational therapists and other health care providers, both from the Department of Veterans Affairs (VA) and outside the VA, a one-stop shop to learn about all the latest advancements in their field.

From four keynote speakers and more than 50 breakout sessions to poster presentations and an expo hall, clinicians had the opportunity to network and learn about cutting-edge research that they could implement in their own practices.

New technology was everywhere at this year's Summit.

"Every year at Summit, I'm amazed at the new technologies I'm seeing, the new types of research projects being done. It's just fantastic," says Lindsay Perlman, PVA director of research and education. "So, I think there's only new innovations to come, and I think for our population, that's going to mean better quality of life, longer lifespans, increased productivity, increased mental health."

VA Immersive

Some of those innovations were showcased in a session about using immersive technologies, including augmented, virtual and mixed realities, to enhance health care delivery.

Anne Bailey, PharmD, executive director of the VA's Strategic Initiatives Labs and immersive tech-

ILLUSTRATION BY KERRY RANDOLPH/PHOTO COURTESY OF PARALYZED VETERANS OF AMERICA

BRITTANY MARTIN

Glenn Graham, MD, PhD

nology lead for the Veterans Health Administration, says immersive technology refers to any type of technology that makes users see, think or feel they are somewhere besides where they physically are located. Extended reality, or XR, is an umbrella term for augmented, virtual or mixed realities that use a head-mounted display.

"One of the things that I think is most exciting about what VA is doing is that we are currently the global, peerless leader of implementation of this technology, and one of the most exciting things is that means the voice of the veteran is defining what this looks like in health care globally," Bailey says.

Although these technologies have been popular for gaming, studies in various populations suggest they also can have a profound impact in pain management, physical rehabilitation and mental health treatment, Bailey says. Some devices are self-contained and can be used without WiFi, but others require a WiFi connection for more capabilities. Currently, at least one VA Immersive virtual reality headset is available in all 50 states, Guam, American Samoa and Puerto Rico.

For acute or chronic pain management, the technology offers a positive distraction and can reduce anxiety.

In rehabilitation, game-based exercises can give a new dimension to fine and gross motor skills tasks, as well as sitting and standing balance tasks and recreation participation. Multiple interventions can be conveniently placed on a single headset, and therapists can easily adjust difficulty levels.

Veterans who have sustained a SCI may not be able to engage in exercises they used to enjoy, or they may have specific training needs. Glenn Graham, MD, PhD, founder of the VA National Telestroke Program, says studies show that when rehabilitation exercise is more engaging and less routine, it's easier to get patients to participate and to participate longer. For example, a veteran who enjoys cycling could virtually ride a course or race against virtual or real competitors.

"So, [it's] another way of bringing a world that perhaps has been taken away through an injury back to the patient and also encouraging exercise," Graham says.

When it comes to mental health, Graham says there are reports of patients who

PHOTOS THIS PAGE BY BRITTANY MARTIN

Anne Bailey, PharmD, left, helps an attendee with a virtual reality demonstration.

find it easier and less intimidating to discuss sensitive traumas and personal issues with a virtual therapist than with a real therapist, so immersive technology could break down barriers to care. While he doesn't believe virtual reality or chatbots should replace trained counselors or therapists, Graham says engaging with a virtual therapist in an environment tailored to the person could augment care.

A big area that's still being researched is peer social support, where veterans can put on a headset and interact with other veterans in virtual spaces. Graham says especially among veterans with limited mobility, there is a well-documented epidemic of loneliness, and social isolation has many long-term negative health effects.

To help combat that isolation, Bailey says the VA has a cooperative research and development agreement with the Innerworld platform to evaluate if veterans will get together in virtual worlds and if it matters if it's on a tablet, a mobile phone or with a headset. All veterans can access Innerworld for free from a phone or tablet, and those at one of 15 participating VAs can be provided with a free headset.

Speculatively, Graham says artificial intelligence (AI) could be integrated into augmented or mixed reality devices to display a pattern on the floor that could help with gait training following a SCI or the issuance of a prosthetic device.

"As we have more elaborate computer power, miniaturization, mobile devices, prices, immersive technology and then AI in addition to that, I really think this is tremendous potential here," Graham says.

For more information on VA Immersive, visit innovation.va.gov/hil/views/immersive/immersive.html or search #headsinheadsets on social media.

Accessing Tech

But sometimes even simple technology solutions can enhance quality of life and help people with complex injuries or disabilities to be more efficient at home, work and school.

James Gardner, OTR/L, ATP, an occupational therapist in the University of Utah Hospital's Department of Rehabilitation, gave an overview of some basic and advanced hands-free accessibility options for computers and phones, including voice, head and switch controls.

In the last 10 years, Gardner says hardware companies such as Apple, Google and Microsoft have built accessibility features into their devices and are now building devices with people in mind, especially people with disabilities who need extra support.

"What this gives us an opportunity to do is provide this really high impact, full access to all the devices that we own, and hopefully they can return back to work and school and other occupations, whatever they want to be doing in their life," he says.

Some voice control software options are Android Voice Access, Google Home, Windows Voice Access, Apple Voice Control, Amazon

James Gardner, OTR/L, ATP

Alexa and Dragon. On Apple devices, voice control is built into the accessibility tab and is fully customizable.

Basic head controls include GlassOuse, which consists of a pair of glasses and a bite switch that controls the mouse on a mobile phone, computer, tablet or smart TV. A few other options are Quha Zono, HeadMouse Nano, Smyle Mouse and Jouse+.

Gardner says basic eye control systems have improved somewhat, but they can be expensive for those who don't have support, can be on the slower side and sometimes lack accuracy. Still, he says they can be helpful for those with little to no motor control, such as those with amyotrophic lateral sclerosis or high-level SCI.

Eye gaze device options include Tobii, Irisbond, Eyegaze Edge and NeuroNode. Gardner says NeuroNode has a unique band that picks up electromyography signals, which can reduce the time lag for actions such as double clicking.

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The HeadMouse Nano is one option for basic head control on a computer or tablet.

Switch controls can also be useful for people with low to no motor control, are relatively inexpensive and can be customized. However, they can be time-consuming to set up and learn.

One option is the tecla-e, a Bluetooth-enabled button that can switch between and control up to eight devices. In addition, most power wheelchairs now come with switch controls

VA Secretary's Address

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Department of Veterans Affairs (VA) Secretary Doug Collins spoke to attendees on the opening day of the Paralyzed Veterans of America Healthcare (PVA) Summit + Expo in New Orleans. His speech on Aug. 25 emphasized his commitment to serving veterans.

"I've been given the opportunity as a veteran, as one who's served, as one who's been in Congress to see that our greatest asset is an organization called the VA," says Collins, who is a colonel in the Air Force Reserve and previously served in the Navy Reserve. "It's an organization that takes care of veterans. It's an organization that many of you have spent your life dedicated to. And all I'll say is I'll do this, I'll commit to you that as secretary, my decisions every day are driven by one goal only … the VA is about one thing only, and that is the veteran first."

Lindsay Perlman, PVA director of research and education, says PVA is always happy to welcome VA leadership to the Summit.

"Maintaining that level of specialized care seems to be a priority for them at this point, and we're always very pleased to hear that confirmed," Perlman says. "And as we continue to work with them, we hope this will just be one more instance that they can go back to and see the hard work these frontline clinicians are doing, particularly in this specialized [spinal cord injury and disease] world."

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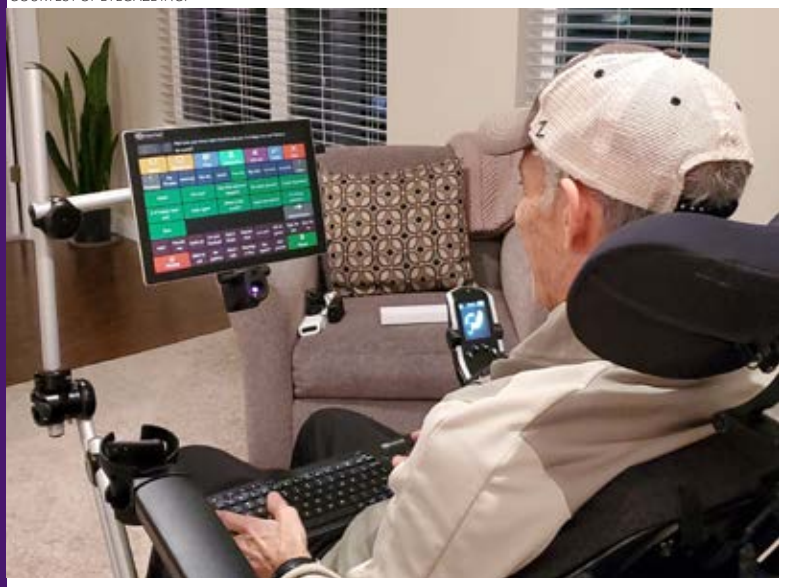

The Eyegaze Edge can control any PC, Mac, iPad, iPhone or Android device.

CHRISTOPHER DI VIRGILIO

The TetraSki uses advanced Bluetooth sip-and-puff technology that could be used in other devices.

built into them, so a switch on the wheelchair can access an iPad or laptop computer. Apple Switch Control also offers many customization options, and multiple switches can be used at once.

Gardner also discussed advanced accessibility options, including AI assistance, which can help patients be more efficient in writing emails and taking notes.

"People who have a disability, who have hand function deficits especially, taking notes is a really big problem," Gardner says. "And they still need to have these things they can look back on in order to be able to access information and study it. So, giving them opportunities to use some of this AI technology to help give them the opportunity to take notes and to review information is really powerful for them."

COURTESY OF AUGMENTAL

The Augmental MouthPad^ uses a mouth device for both head and tongue control.

For advanced head control, Augmental's MouthPad^ uses a mouth device for both head and tongue control. Another option is Aavaa, which uses a headband or glasses to track blinks and facial gestures. An ear-worn device called Naqi isn't for sale yet, but it detects brain waves, muscle impulses and subtle facial microgestures. Apple Switch Control also has a head control option using the built-in camera.

A high-level switch control option is a Bluetooth sip-and-puff developed at the University of Utah Hospital and used in the TetraSki and Tetra Watercraft devices. Gardner says they are working on making the devices accessible to more people. They are also developing a sip-and-puff-controlled motorized adaptive mountain bike, as well as Bluetooth electromyography switches that would allow someone to use muscle twitches to control a device like the TetraSki.

Brain-computer interfaces are also an up-and-coming technology for device control.

"It is something that is coming to keep your eye on, especially for those patients who have little or no hand function," Gardner says.

Faster Wound Healing

Technology is even being incorporated into treatments for pressure wounds, a significant issue among people with SCI/D.

Kath Bogie, DPhil, FAIMBE, a research career scientist at Louis Stokes Cleveland VA

BRITTANY MARTIN

Kath Bogie, DPhil, FAIMBE

BRITTANY MARTIN

Joseph Lerchbacker, BSE

Medical Center and professor at Case Western Reserve University in Cleveland, and Joseph Lerchbacker, BSE, project engineer at Louis Stokes Cleveland VA Medical Center, introduced Summit attendees to an electroceutical technology called ExiFlex that they helped design to treat chronic pressure wounds.

Bogie says the technology has gone through several iterations and names over the last 16 years, and it has some patents on it. The lightweight bandage minimizes unnecessary dressing changes and uses sustained electrotherapy to help wounds heal faster. The researchers are enrolling veterans in a pilot clinical trial at the Cleveland VA.

JOSEPH LERCHBACKER

The ExiFlex bandage delivers electrotherapy to help heal pressure wounds faster.

"Beyond death, which is obviously a very serious effect of pressure injury, there are recurrent hospital admissions. People who get recurrent pressure injuries, pressure injuries that just don't heal, keep on coming back into the hospital. They stay there for a long time, and it has a huge impact on quality of life and loss of independence," Bogie says. "Ideally, we'd like to prevent wounds, but they do occur, and we would like to try and treat them more efficiently."

Through testing and optimization in animal models, the researchers discovered that temperature plays an important role in wound healing, which is why they added temperature sensors to the bandage and decreased the number of required bandages changes to once every seven days.

"There seems to be a Goldilocks temperature for a wound bed to experience the maximum rate of healing," Lerchbacker says. "And it seems to be about 33 degrees Celsius [91.4 degrees Fahrenheit]. Changing a wound dressing, exposing the wound to open air, cools off the wound bed and slows down the rate of healing … an infection increases the temperature of a wound bed, and this also inhibits healing."

Lerchbacker says the current device features a large range of electrotherapy parameters. Researchers can communicate with the device wirelessly over Bluetooth and set parameters on an Android phone app. It has a rechargeable battery that can operate the stimulation for over a week. It uses a flexible circuit board and non-metallic, non-adhesive conductive electrodes, which are placed on the outside of the wound bed along the sides of the bandage substrate.

A transparent wound dressing covers the bandage substrate and provides a wound observation window, which nurses can use to see how the wound is healing. The window is covered with a new material they've developed called Aftiderm, which can absorb excess moisture. There are multiple bandage sizes (6 centimeters, 4 centimeters and 2 centimeters), and each has two temperature sensors, one over the wound bed and one off of the wound bed.

The majority of it, including the battery, can be thrown away after seven days, but the control module is designed to be reused.

"We're providing energy to the wound, which promotes angiogenesis [forming new blood vessels], but we're also decreasing the bioburden, which is reducing the impediments to healing by minimizing the infection in the wound," Bogie says.

For the pilot clinical trial, veteran patients with chronic ischemic wounds will receive an

BRITTANY MARTIN

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Augmented Rehab

The expo hall featured many types of health care technology, including Strolll, a digital therapeutic software solution for commercially available augmented reality glasses with see-through lenses. The software provides a variety of activities to make rehabilitation exercises more engaging.
For information, visit strolll.co.

ExiFlex bandage for up to 10 weeks, with stimulation for one minute out of every 10 minutes, 24 hours a day. Bandages will be changed every seven days, and wounds will be assessed using 3D imaging, wound swabbing and molecular camera images.

"So, our goal is to take this from clinic and regular visits and having to come in and get your battery changed to a device that people can use in the community and which is mobile," Bogie says. "As you see in the actual technology that we've developed, it's a wearable and [there's] an app to control it. We don't need to have a clinician being there in person. The clinician can be remote and can know what's happening, and patients can change and caregivers would be able to change their bandage as needed."

They have proposed that the next stage in development will be a multi-site clinical trial with up to 100 veterans with chronic ischemic wounds across the country.

"Chronic wounds are widespread. They're an increasing challenge not just for veterans, and they're an increasing challenge for many groups," Bogie says. "And our contention is that soft materials and novel approaches are needed for continuous improvement in chronic wound management."

For more stories from the 2025 PVA Healthcare Summit + Expo, visit pnonline.com. ■

2025 Clinical Excellence Awards

The Paralyzed Veterans of America (PVA) Summit Program Committee announced six individuals chosen as this year's Clinical Excellence Award winners during the PVA Healthcare Summit + Expo Aug. 24-27 in New Orleans.

Nominated by their peers, award winners consistently seek to expand care for those who need it, are regularly accessible and available with compassionate care for their patients, are innovative in developing solutions for patients, and mentor and develop the next generation.

This year's six award winners are:

- Elizabeth Carbonneau, LIWS-CP, spinal cord injury and disease (SCI/D) program coordinator, Department of Veterans Affairs (VA) Sierra Nevada Health Care System (Nevada)
- Thomas M. Dixon, PhD, ABPP (RP), clinical psychologist, Louis Stokes Cleveland VA Medical Center
- William Scott Doerhoff, PT, DPT, MS, GCS, physical therapy clinical specialist, Central Arkansas Veterans Health Care System
- Katelyn Murray, LCSW, social worker-SCI North, Edward Hines Jr. VA Hospital (Illinois)
- Doug Ota, MD, chief of SCI/D service, VA Palo Alto Health Care System (California)
- Heather Pfleider, M.Ed., CTRS, recreation therapist, VA Boston Health Care System

Paralyzed Veterans of America

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Paralyzed Veterans of America's Architecture Department improves the lives of veterans and all people with disabilities through Accessible Design, Healthcare Architecture and Education; and promotes accessible, barrier-free architectural design.

Architecture

The only veterans organization with on-staff architects with extensive experience in all aspects of architecture and specializing in accessible design.

Accessible Design

Develops building codes and standards for the entire nation and serve on federal advisory committees to further define the ADA guidelines.

Healthcare

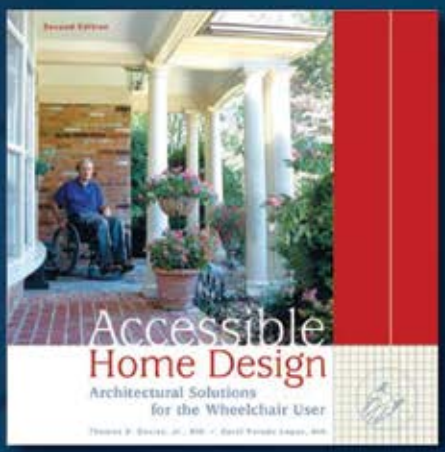
Monitors VA facilities serving spinal cord injury/disease (SCI/D) patients to ensure accessible, state-of-the-art SCI/D inpatient and outpatient facilities that maximize a patient's independence.

Education

Spreads the word about proper accessible design through lectures, books and magazine articles, as well as seminars on barrier-free design and accessibility courses to college-level architecture students.

"With the unique design knowledge of Paralyzed Veterans Architects many public buildings, stadiums, courthouses, memorials and other structures are made more accessible and enjoyable for the public—providing equal access to all."

– **Mark Lichter**, Director of Architecture, Paralyzed Veterans



OUR PUBLICATIONS

Paralyzed Veterans' architects offer resources and support when planning home design and renovations, including wheelchair-accessible home plans in our publication ***Accessible Home Design, 2nd Edition***.

Available through Amazon.com or contact:

(e) pvaarchitecture@pva.org
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Pandemic Health Care Access

A national study led by researchers from the University of Delaware and George Mason University in Fairfax, Va., reveals troubling disparities in health care access for adults with disabilities during the novel coronavirus (COVID-19) pandemic — especially when it comes to essential cardiovascular health screenings.

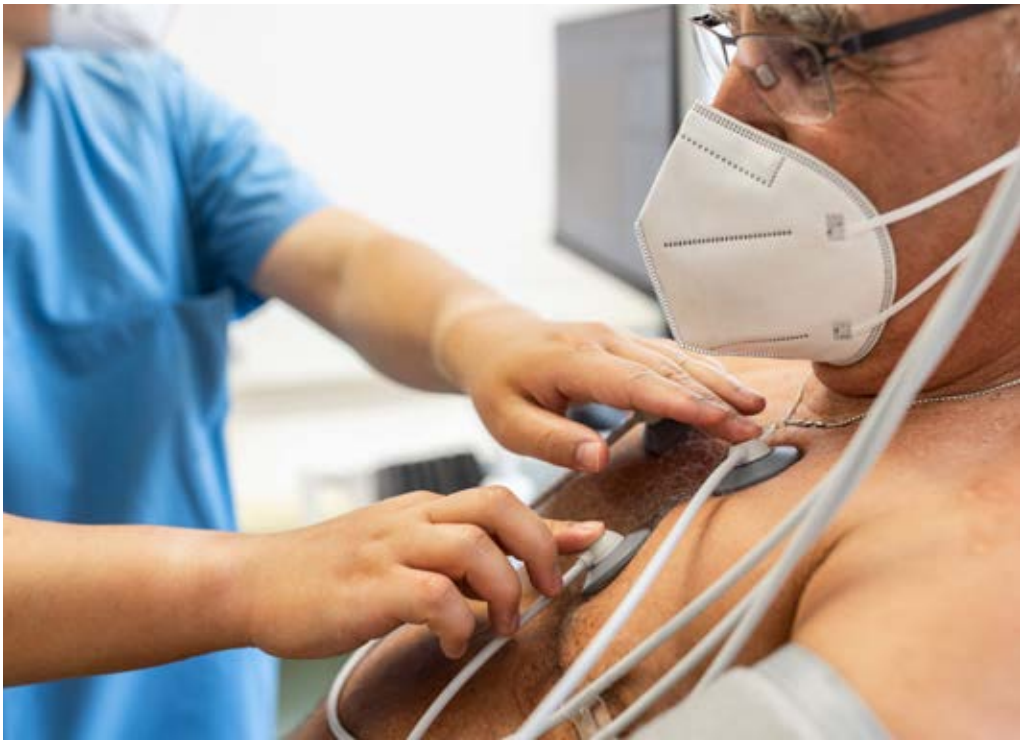
Using data from over 150,000 U.S. adults across five years (2019–2023), the study, published in *American Journal of Preventive Medicine* in August, finds that people with disabilities were significantly more likely to delay or miss preventive care during the pandemic — even after accounting for economic disruptions.

Cardiovascular screenings like blood pressure, cholesterol and blood glucose tests — key tools in preventing heart disease — declined across the board for people with disabilities, especially those with cognitive, physical or multiple impairments. For example, blood glucose testing dropped nearly 6 percentage points for those with multiple disabilities. And while cholesterol screening eventually rebounded for adults with sensory disabilities by 2023, other groups saw persistent gaps.

The study also found that adults with cognitive and physical disabilities were significantly more likely to delay or go without medical care because of cost, highlighting ongoing financial barriers. These disparities remained even after controlling for changes in insurance coverage, income or employment during the pandemic.

The findings have serious public health implications. Adults with disabilities are already at higher risk for cardiovascular disease — the leading cause of death in the U.S. — making preventive care all the more critical.

Researchers emphasize that while health care disruptions affected everyone during the pandemic, people with disabilities experienced disproportionate setbacks, largely due to pre-existing structural barriers. These include inaccessible medical facilities, lack of provider training, communication challenges and limited access to telehealth or transportation.



Potential Gene Target For ALS

A study led by scien- tists at Case Western Reserve University in Cleveland used stem cells created from amyotrophic lateral sclerosis (ALS) patients to target a specific gene as a kind of shut-off valve for what stresses nerve cells — and it worked.

Although the research involved a very rare type of ALS, the research team was optimistic the positive results could provide clues for potentially treating the devastating disorder more broadly.

"This work could help lay the foundation for genetically informed clinical trials," says lead researcher Helen Cristina Miranda, an associate professor of genetics and genome sciences at Case Western Reserve's School of Medicine, in a July Case Western Reserve University press release.

The study was published in the peer-reviewed journal *EMBO Molecular Medicine*.

The researchers studied an inherited type of ALS

COURTESY OF CASE WESTERN RESERVE UNIVERSITY

Helen Cristina Miranda

caused by a mutation in a gene (vesicle-associated membrane protein B, or VAPB). The VAPB gene provides instructions for making a protein that helps link different parts of the cell so they can communicate and respond to stress.

"This is especially important in nerve cells," Miranda says. "When they break down, the neurons become more vulnerable to degeneration."

Induced pluripotent stem cells, or iPSC, are special cells created in the lab from a person's skin or blood that can be turned into almost any cell type in the body. In this study, they used iPSCs from ALS

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A new study used stem cells created from amyotrophic lateral sclerosis patients to target a specific gene as a kind of shut-off valve for what stresses nerve cells.

patients to grow their motor neurons in a dish, allowing them to study the disease using real human cells.

They discovered how a mutation in the VAPB gene can disrupt communication between key parts of the cell, specifically between the endoplasmic reticulum (ER) and mitochondria. The ER is like the cell's quality control center. Mitochondria are the cell's power plants.

This disruption leads to chronic activation of a protective mechanism called the Integrated Stress Response (ISR). Although initially helpful, sustained ISR activation reduces protein production and impairs cell survival, ultimately damaging motor neurons and contributing to this rare inherited form of ALS.

They also identified the ISR as a potential therapeutic target.

"We also showed that blocking this stress response can reverse damage in the lab, a promising step toward future treatments," Miranda says.

The hope is to expand the research to test whether the target might work on other forms of the disorder.

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Journal Releases Special Issue

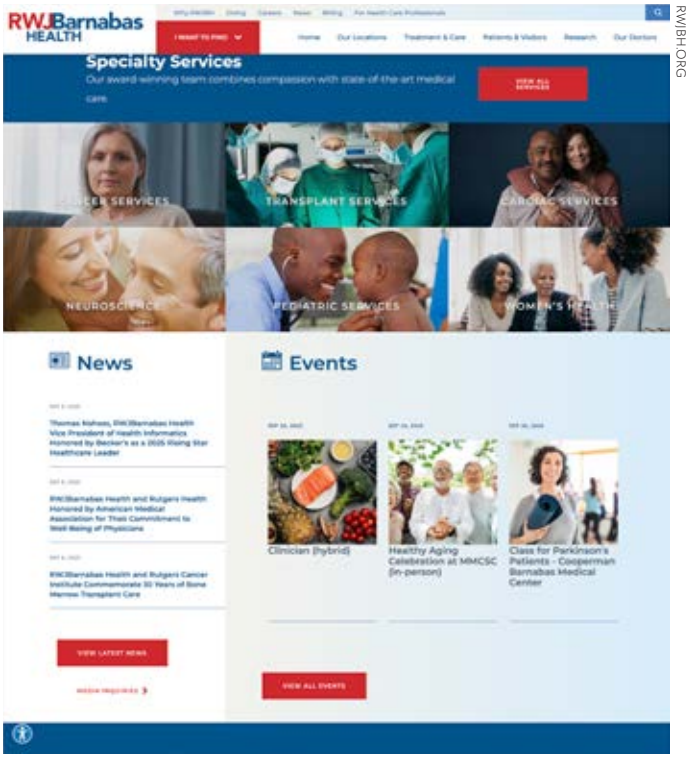
People with disabilities often struggle to find licensed professional counselors who have the training needed to help them navigate their unique challenges and circumstances. Black people with disabilties — whose conditions are compounded by race and other intersecting identities — often struggle to an even greater degree.

In a special July issue of the *Journal of Multicultural Counseling and Development*, a journal of the American Counseling Association (ACA), counseling researchers focus on what professional counselors can do to more effectively serve the counseling needs of Black Americans with disabilities.

Articles in the special issue highlight the strengths, dignity and humanity of Black Americans, while exploring innovative solutions in rehabilitation counseling and vocational rehabilitation services — a specialized type of counseling and career services that focus on individuals with disabilities — including employment and job training, that effectively address the needs of Black clients.

"This special issue is significant in our field because rarely, if at all, do counselor education publications address the unique experiences of clients, particularly adults with disabilities, and virtually none address the impact of race and/or Blackness in the lives and services received by African American men, women and children with disabilities," says Carla Adkison-Johnson, PhD, the journal's editor-in-chief and professor emeritus at Western Michigan University, in an August American Counseling Association release. "This special issue showcases innovative thinking and research in rehabilitation counseling, offering important insights into current thought and practice regarding the counseling needs of Black Americans with disabilities."

RWJBarnabas Health Tops List



RWJBH.ORG

RWJBarnabas Health in New Jersey has been recognized as a leader in advancing workplace disability inclusion, earning a top score on the 2025 Disability Index and being named a 2025 Best Place to Work for Disability Inclusion by Disability:IN.

The Disability Index is the leading independent, third-party resource for the annual, confidential benchmarking of disability inclusion policies and programs in business. Now trusted by over 70% of the *Fortune* 100 and nearly half of the *Fortune* 500, the tool helps companies determine data-driven actions that can achieve tangible business impact.

"RWJBarnabas Health is proud to be recognized for our unwavering commitment to fostering a workplace where all individuals, including those with disabilities, can thrive, contribute and feel valued," says Lynda Markoe, executive vice president and chief people officer for RWJBarnabas Health, in an August

"RWJBarnabas Health is proud to be recognized for our unwavering commitment to fostering a workplace where all individuals, including those with disabilities, can thrive, contribute and feel valued." — **Lynda Markoe**

RWJBarnabas Health press release. "This recognition reflects the intentional efforts we make every day to build a welcoming and supportive environment for all employees, patients and communities we serve."

With a workforce of more than 44,000 and a service area covering nine New Jersey counties, RWJBarnabas Health has enhanced accessibility across its facilities. These initiatives are part of the health system's broader strategy to ensure a welcoming workplace at all levels of the organization.

For more information about RWJBarnabas Health's efforts to foster a supportive workplace, visit rwjbh.org.

Molecular 'Brake' In MS

A team of scientists led by the Institute for Glial Sciences (IGS) at Case Western Reserve University's School of Medicine in Cleveland has discovered a built-in "brake" that controls when key brain cells mature. In multiple sclerosis (MS), this brake appears to stay on too long, leaving the cells unable to repair the damage the disease causes.

The study, published in August in the journal *Cell*, identifies a new framework for how cells control when they mature. The discovery also presents a potential regenerative medicine

COURTESY OF CASE WESTERN RESERVE UNIVERSITY

Paul Tesar, PhD

approach to repair the damage caused by MS and similar diseases affecting the nervous system.

"Myelin damage drives disability in MS, and the only cells that can repair it are glial cells called oligodendrocytes," says the study's senior author, Paul Tesar, PhD, director of the IGS, in an August Case Western Reserve University release. "By identifying the molecular brake that controls when oligodendrocytes mature, we reveal a clear path to unlocking the brain's own repair program."

The team is now working to understand why this immature state is heightened in MS brains and whether this same framework operates in other cell types or contributes to stalled repair in other diseases.

The study focused on oligodendrocytes, which wrap neurons in protective myelin sheaths that are lost in MS. Oligodendrocytes belong to a category of cells known as glia, which comprise over half of the cells in our nervous system but have largely been overlooked by scientists in favor of neurons.

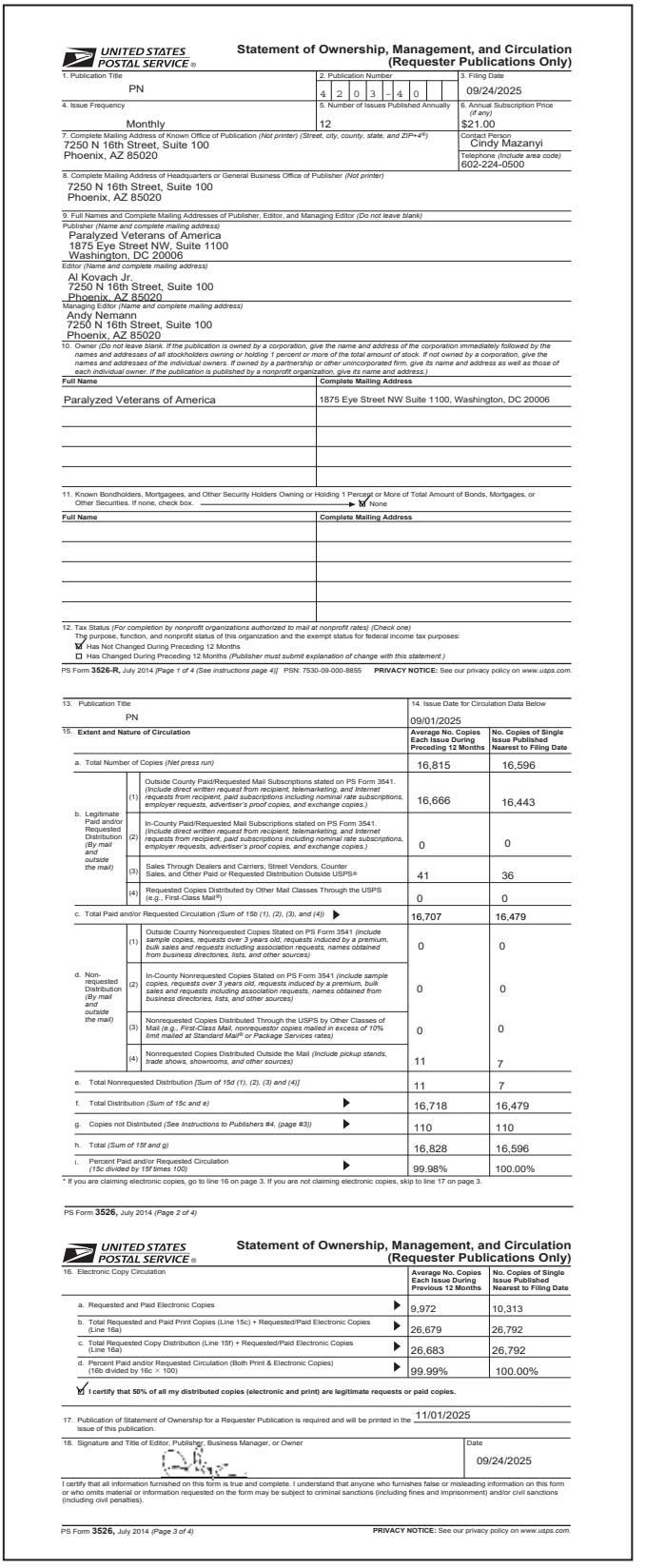
To understand how oligodendrocytes acquire their ability to myelinate neurons, the IGS scientists tracked thousands of molecular changes as immature cells developed into mature, myelin-forming oligodendrocytes. One protein, called SOX6, stood out.

The team found that SOX6 acted like a brake, stalling cells in an immature state through a phenomenon known as "gene melting." This brake is essential in healthy brain development because it prevents premature myelin formation and ensures that oligodendrocytes mature at the right place and time. But in MS, this normally protective timing mechanism appears to get stuck.

When the researchers examined brain tissue data from people with MS, they saw an unusually high number of cells stuck in this SOX6-linked immature state. But this stalled maturation seems to be specific to MS; there was no evidence of it in samples from Alzheimer's and Parkinson's disease patients.

To test whether releasing the brake could accelerate development, the team used a targeted molecular drug called an antisense oligonucleotide to reduce SOX6 in mouse models. Within days, the treated cells matured and began to myelinate nearby neurons.

"Our findings suggest that oligodendrocytes in MS are not permanently broken, but may simply be stalled," says Jesse Zhan, the study's co-lead author and medical student in the School of Medicine's Medical Scientist Training Program. "More importantly, we show that it is possible to release the brakes on these cells to resume their vital functions in the brain." ■



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13. Publication Title	14. Issue Date for Circulation Data Below
PN	09/01/2025

15. Extent and Nature of Circulation			Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)			16,815	16,596
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16. Electronic Copy Circulation	Average No. Copies Each Issue During Previous 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
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PS Form **3526**, July 2014 (Page 3 of 4) **PRIVACY NOTICE:** See our privacy policy on www.usps.com.

Cooper Named Keynote Speaker

Paralyzed Veterans of America Keystone Chapter member Rory Cooper, PhD, has received a major honor. The Paralympian, Army veteran and founding director of the Human Engineering Research Laboratories in Pittsburgh, he'll be the keynote speaker at the December International Paralympic Committee (IPC) VISTA 2025 Conference in Cairo, Egypt.

This year's conference theme is Developing Para Sport: Inclusion, Transformation, Health and Performance, and his keynote address is titled Technological Advances Transforming Paralympic Sport: Insights and Innovations That Will Change The Paralympic Games.

His talk will look at how breakthroughs in osseointegration for prosthetic limbs are enabling more efficient power transfer, improved comfort and expanded competitive capabilities, along with exploring how engineering science is advancing transformation through novel approaches in adaptive sports equipment, including Japanese Kirigami-inspired designs. It will also focus on how artificial intelligence is being integrated into technology development to enhance performance analytics, personalized training and rapid iterative design.

COURTESY OF RORY COOPER

Rory Cooper

This is the 11th year of the IPC's scientific conference, which serves as a platform for exchanging cutting-edge research, cross-disciplinary dialogue and strategic collaboration.

Nebraska Wins Softball Title

Nebraska got its wheel-chair softball revenge.

After falling to the Minnesota Rolling Twins in last year's Wheelchair Softball World Series on its home field, the Nebraska Barons returned the favor this year in Minneapolis.

No. 2 seed Nebraska knocked off top-seeded Minnesota in a semifinal game, then defeated the No. 4-seeded LWSRA Hawks, 11-5, in the championship to capture the Aug. 16 Wheelchair Softball World Series Division I title at the Mall of America north parking lot.

Nebraska scored double-digit run totals in each of its five games, and two long lightning delays and some storms didn't slow the Barons down, either.

Nebraska jumped out on LWSRA early, scoring five runs in the top of the first inning. With a runner on base, Alex Nguyen hit an RBI single, and Matt Johnson followed with another. Then, David Nelson added a two-RBI double and Travis Hasenkamp recorded an RBI single.

Down 9-2 after four-and-a-half innings, LWSRA's Devin Lockett crushed a two-RBI double, while Keith Cooper added an RBI single

JOHN GROTH

The Nebraska Barons captured the Wheelchair Softball World Series Division I title, as the No. 2 seed defeated the No. 4 seed LWSRA Hawks, 11-5, in the championship game Aug. 16 at the Mall of America north parking lot in Minneapolis.

to cut the deficit to four. But the Hawks didn't get any closer.

Brent Rasmussen's two-RBI single in the top of the sixth gave the Barons some extra insurance runs, leading to their 14th Wheelchair Softball World Series title overall and first since 2021.

In Division II, the Chicago Wheelchair Cubs pulled out an 11-10 victory over the No. 6-seeded Shepherd Sluggers. Chicago led 11-8 in the seventh inning, before Shepherd scored twice to close within one. And the No. 17-seed Colt .45s jumped out to seven-run lead in the first two innings and then held on for a 9-5 victory over the No. 16-seeded New York Yankees for the Division III title. ■

Taking The Plunge

Paralyzed Veterans of America (PVA) members participated in adaptive rafting, right, zip lining, below left and right, and rock wall climbing at PVA's second Outdoor Experience from Aug. 25-29 at the Breckenridge Outdoor Education Center in Breckenridge, Colo.

PHOTOS COURTESY OF PARALYZED VETERANS OF AMERICA

VA Summer Sports Clinic

Paralyzed Veterans of America (PVA) Puerto Rico Chapter member Eva De Jesus Collazo, below, and PVA Nevada Chapter members Darnell Calahan, right, and Le'Toi Adams, bottom, participated in the Aug. 23-30 Department of Veterans (VA) Affairs National Veterans Summer Sports Clinic in San Diego.

PHOTOS COURTESY OF DEPARTMENT OF VETERANS AFFAIRS

PVA
Paralyzed Veterans of America
Sports & Recreation

EVENT SCHEDULE FY26

October 2025		
PVA Intro to Paracycling Series: Denver	October 3-4, 2025	Denver, CO
PVA Wheelchair Football Camp - Augusta	October 10-11, 2025	North Augusta, SC
PVA Off-Road Paracycling Camp: Pocahontas State Park	October 16-18, 2025	Chesterfield, VA
PVA Billiards Tournament Series: Mid-South	October 17-18, 2025	Memphis, TN
PVA Pickleball Camp	October 18-19, 2025	San Antonio, Texas
PVA Off-Road Paracycling Camp: Bentonville	October 23-26, 2025	Bentonville, AR
Paracycling: High Performance Road Racing Camp	October 27-31, 2025	Colorado Springs, CO
November 2025		
Intro to Paracycling Series: Phoenix	November 12, 2025	Phoenix, AZ
PVA Off-Road Paracycling Camp: Phoenix	November 13-16, 2025	Phoenix, AZ
PVA Billiards Tournament Series: Buckeye	November 14-15, 2025	Westerville, OH
December 2025		
PVA Bowling Tournament Series: Nevada	December 4-7, 2025	Las Vegas, NV
PVA Boccia Tournament Series: New England	December 6-7, 2025	Brockton, MA
January 2026		
PVA Wheelchair Rugby Invitational	January 28-February 1, 2026	Louisville, KY
February 2026		
PVA Boccia Tournament Series: Bayou Gulf States	February 7-8, 2026	Gulfport, MS
PVA Airgun Tournament Series: Central Florida	February 14-15, 2026	Orlando, FL
PVA Bowling Tournament Series: Florida Gulf Coast	February 25-27, 2026	Tampa, FL
PVA Outdoor Experience: Maine Winter Sports	February 25-March 1, 2026	Carrabassett Valley, ME
March 2026		
PVA Bowling Tournament Series: Tri-State Tournament	March 13-15, 2026	Beaverton, OR
PVA Billiards Tournament Series: Mid-Atlantic	March 14-15, 2026	Midlothian, VA
PVA Bass Tournament Series: Southeastern Challenge	March 27-29, 2026	Appling, GA

KIMBERLY OUTLAW

caregiver connection

Take A Moment For Yourself

A caregiver is defined as one who provides direct attendance to children, elderly people and/or chronically ill people.

To some who have never been or have aided in this position, it may seem simply just that. To a continuous, around-the-clock caretaker with occasional aid, the weight of the word "caregiver" is always present. It is felt even heavier when previous times were simpler for the person who now relies on your care.

Emotions are entangled with acceptance, strides are taken with grace, gatherings are bittersweet and travel is handled with uncertainty. Some days flow easily, and on other days, the flow is disrupted. But not a single day passes without its difficulties. We bravely carry on every day with the many blessings that come throughout the journey of being a caregiver for the ones we love.

Positivity Is Contagious

Holding the position of a caregiver hardly comes with a warning.

As for myself, I have taken care of people for many years, but I never thought I would be the caregiver for my spouse following his accident that resulted in paralysis and left him reliant on a wheelchair. After knowing him during ambulatory grade school days, becoming his wife and caregiver was life-altering for me.

Personally, these adjustments are indistinguishable from the grieving process of denial, anger, bargaining, depression and acceptance described by Elisabeth Kübler-Ross and David Kessler.

As caregivers, you must also deal medically with spinal cord injury, multiple sclerosis, amputations, mobility changes, mental/memory changes and many other changes within the disease processes.

They're not just veterans, and we're not just caretakers. We are spouses taking care of a spouse, parents caring for a child, children caring for a parent, siblings caring for a sibling, aunts and uncles caring for a niece or nephew or friends caring for their friend. We worry and fear if someone else is capable of caring for our loved ones or if they can complete the care as we would ourselves.

The hope, as it is written in *The Serenity Prayer,* is that one can find acceptance in things one is unable to change to lighten the load, giving the space for consistency or the possibility of growth in those areas. This can also provide a sense of peace and the ability to move forward and enjoy every moment life has to offer. Many people say positivity is contagious, and someone must start it.

You are relied on minute to minute to ensure your loved one's needs are met. You must configure a daily routine with occasional surprises, schedule what the day holds and rearrange daily care as the unforeseen occurs while maintaining a household and balancing out emotions with hopes of resolving issues. On top of that, there's travel for work, doctor's appointments, sporting events, therapy, children, grandchildren, pets, housework, family events

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"God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

— The Serenity Prayer

... exhausted yet? A multitude of these things can occur within the same day and can be difficult to manage. Yet we manage to conquer them and start again tomorrow.

Self-Care To Provide Care

We're not robots, nor are we superheroes every day, though it feels like we must be.

Give yourself grace, and let some things go unfinished; it's perfectly OK! This isn't to be confused with procrastination but is rather a healthy decision for caretakers' self-care.

Allow some of those household chores and store errands to be done later or tomorrow. This creates downtime on those hectic days. Instead of immediately jumping into the next task, take those five to 10 minutes for yourself. Just sit, get fresh air, have a hydrating beverage, etc. For me, taking those small breaks throughout the day helps me reset and relaxes my thoughts, reducing some of the day's stressors.

Simply allow someone to hold the door for you. Go to a family or friend's function and allow them to serve you a meal or help with mealtime for your loved one. Accept those small gifts of help that can go a long way and grant you those moments for yourself.

Your loved ones can become severely dependent upon your help, and this can become draining for you as the caretaker. It is important to establish boundaries and promote independence for tasks that can be done without assistance. During physician visits, ask for help with reassurance in independent tasks of daily living. This does not happen overnight, but promoting independence for your loved one is beneficial and healthy for a sense of well-being. This will grant you some space to take a moment for yourself.

Find something that relaxes you and/or your family and do those things together routinely to promote a calmness to look forward to daily (e.g., board games, cards, reading, etc.). Occasionally change the scenery if you are able.

Seek a practice of faith that suits your life and read daily affirmations.

Talking about your life as a caretaker among others of similar lifestyle or within support groups aids in creating the time for self-care. Just know that you are not alone!

These are just some of the many ways to give back to yourself. Remember, caretakers — self-care to be able to provide care. Take a moment for yourself!

Kimberly Outlaw is a caregiver and wife of Paralyzed Veterans of America Southeastern Chapter member Charles Outlaw and lives in Charlotte, N.C. ■

Caregiver Resources

- Paralyzed Veterans of America: pva.org/find-support/caregiver-support
- Department of Veterans Affairs (VA) Caregiver Support Line: 1-855-260-3274
- VA Caregiver Support Program: caregiver.va.gov

PN classifieds

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TRAVEL

andfinally...

CHRISTOPHER DI VIRGILIO

Happy Veterans Day!

In celebration of Veterans Day this month, take a look back at this photo of a veteran waving and carrying the American flag during last year's Phoenix Veterans Day Parade in Arizona. The *PN* staff thanks all veterans for their service and sacrifice.

Greater independence *starts with* abilities expo

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