

Speedy Gazette

"Improving Lives... Building Futures"



Paralyzed Veterans of America

Texas Chapter

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January 2023





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A Message from our President

Good Day Texas Chapter Family

I hope the start to the New Year is finding everyone working to empower themselves toward a great future. We have a lot going on in the chapter and I hope everyone is able to get out of the house and enjoy our beautiful weather (on the warm days that is). The weather has been so crazy, I don't know about you but I am ready for spring. The great news is we are seeing more and more of our members coming out for the chapter outings, hunting trips and fishing events. Please invite all members to events coming up. Keep a watch on the calendar.

We continue to receive donated equipment and have two vans that will be listed in this newsletter. Please look them over and if you are in need please email the office and get your name on the list for items that will help you with your day to day needs.

I would like to request ideas for fundraisers and fun events you would like to see for your enjoyment. Don't forget about the \$120.00 available each year for your entertainment. Surprise your spouse by taking him/her out for dinner or a movie or both. Send in your receipts to the office for a reimbursement of \$120.00 of your expenses. If you like to cook, go buy a great dinner and prepare it for your loved one and turn that receipt in. The Kill'n Clays is coming up, it's our annual fundraiser in San Antonio. Dust off your shotgun and come out and show off your skills. If anything just have a good time and enjoy a meal and intermingle with other members.

I personally am working on a change to the VA system. Those eligible for the automotive grant you can actually have two vehicles. I'm currently working on getting my camper listed as my second vehicle so I can get a under vehicle lift to allow me to gain access to the camper. Currently the VA says that a vehicle is one with a motor and transmission I'm working on getting this changed so those of you who want to get your family out and away on vacation and want to purchase a camper can do so to allow you the ability to get in and out of your camper. The VA shouldn't stop us from having fun with our family and being able to travel. If you've run into this roadblock yourself drop me an e-mail let me know the struggles you have. Or if there's anything else you're struggling with at the VA drop me an e-mail and we'll see what we can do to help.

Sincerely

Frank R. Daebelliehn

President

PVA, Texas Chapter

frankd@texaspva.org

Are you a non-service connected Texas PVA member who needs transportation? Please submit your name to be included in the raffle of these 2 wheelchair accessible vans.



ADULT RESEARCH VOLUNTEERS NEEDED: WITH SPINAL CORD INJURY

WHO: If you are between the ages of 18-75 **AND** sustained a spinal cord injury over 6 months ago, you may qualify for participation.

WHAT: This project is examining whether or not practicing movements with both hands/arms with the use of Non-Invasive Brain Stimulation will affect how the brain communicates with those hand/arm muscles.

Participants will be asked to use hand and/or arm movements to follow instructions given on a computer screen and by research investigators.

- Each testing session will last up to 2-2.5 hours.
- Up to 2-3 visits will be scheduled according to your preference and availability.
- Compensation will be provided for your time and effort.

WHERE: Motor Neuroscience Lab
The department of Health and Kinesiology
2929 Research Pkwy
College Station, TX 77845

CONTACT: yx1907@tamu.edu or 979-862-3392

TAMU IRB#: IRB2020-0071F: IRB Approval Date: 09/02/2020

VA



U.S. Department of Veterans Affairs

Veterans Health Administration

South Texas Veterans Health Care System

SENT ON BEHALF OF SOUTH TEXAS VETERANS HEALTH CARE SYSTEM

As you know, the PACT Act is the largest expansion of Veteran health care and benefits in decades. Millions of Veterans, their families, and their survivors could be positively impacted by this landmark legislation, and we at VA want to make sure that every one of them gets the benefits and health care they deserve.

To that end, South Texas Veterans Health Care System is hosting a PACT Act Week of Action event to inform Veterans, their families, caregivers, and survivors about the PACT Act and encourage them to apply for the toxic exposure-related health care and benefits they have earned. This is one of 80+ Week of Action events at VA facilities nationwide between December 10th and 17th. Our event will feature a 30-minute speaking program and overview of PACT Act. VA staff will also be present to help Veterans to apply for benefits, complete toxic exposure screenings, and enroll in VA health care.

The PACT Act event for the San Antonio Northwest Health Care Center scheduled for Monday, December 12 is cancelled. The Audie L. Murphy Memorial Veterans Hospital scheduled for December 14 remains. There is a time change on the event, which is 2-6 p.m.

You are a tireless advocate for Veterans, and we at VA so appreciate your partnership in serving Veterans, their families, caregivers, and survivors as well as they have served our country.

Thank you for all you do. I hope you can join us to spread the word about this historic expansion of Veteran benefits and care. For additional information, please contact the Office of Public Affairs at (210) 617-5274.

Assistive Eating Device

Hello Houston PVA!

We recently launched an assistive eating device that may be of great benefit to some of your members. There is a huge difference between eating a whole burger or pizza slice vs. chopped up versions as must be the case with robotic equipment. An independent review video is below.

<https://www.youtube.com/watch?v=mhQ27xa42Xg&t=171s>

We are donating \$20 from each purchase to the PVA or ALS association. (alternating) Please send us an advertising rate card also. Thanks for the work you do! A short blurb about the product that might be applicable for your newsletter is below.

Best Regards,

Norm Gustafson MS, OT PS: social media word spreading is appreciated!

New Assistive Eating Device:

Individuals with significant upper extremity movement restrictions can now enjoy eating hot dogs, hamburgers, sandwiches, pizza and more independently.

Panini Eatzi, a newly launched non robotic eating device is already empowering hands free eating of tasty burgers ... and much more!

No batteries, no cords, no robotics ... the user's own head movement operates the device.

Panini Eatzi is available from Mercer County Rehab, a Veteran Owned Small Business and a VA approved vendor.

For more information or ordering please visit www.mercercountyrehab.com. and enter Panini Eatzi in the search bar or call 800-258-4212

ALS Medical Research Article:

Recently the FDA approved a small molecule drug for ALS. The drug slowed functional decline by 2 pts in 6 months. On the 48-point functional scale, two points is the difference between being able to walk vs using a wheelchair, feeding or bathing yourself, or breathing without a bipap. Furthermore, when analyzing the OLE data, it improved ALS survival by an average of 10 months in comparison with placebo & natural history. In approving this new drug with just one Phase II trial, the #FDA acknowledged it would exercise the "broadest of regulatory flexibility" for the "urgent unmet need" in #ALS.



WELCOME NEW MEMBERS

Alicia Santiago

Nathanael Jackson

Tyler Roberts

Brent Von Aschen

Phuc Nguyen

Michael Johnson

Jose Zelaya

Kyle Cory

Arthur Kbayev

Rob McMichael

Max Harman

Mary Chandler

William "Bill" Callahan

Jay Watlington

REST IN PEACE



Philip Jones

Robert Adkins



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Joined



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of America**



Michael E. DeBakey Launches Inaugural ALS Clinic By: Greg Treacy, SNSO

It is my pleasure to report that the Houston Michael E. DeBakey VA Medical Center conducted its inaugural ALS Clinic this past Monday.

Pitchaiah Mandava M.D. is the Director of Clinic, with James Orenge M.D. the ALS Physician/Neurologist, and NP Richel Aliboso as the ALS Clinic Coordinator. The other disciplines included in the ALS Clinic are Social Worker, Respiratory Therapy, OT/PT, Dietician, Mental Health, Prosthetics, ALSA, and yours truly from PVA.

With the help of the PVA, the multi-disciplinary ALS Clinic's "Soft Open" on 12 September was a success. Dr. Mandava requested that only 3 Veterans be invited. Only 2 were able to make it, but the Team made it well worth their visit.

A Ribbon-Cutting Ceremony was conducted with the VAMC Chief of Staff Mark Kobelja, MD, Chief of Neurology, SCI Chief Sally Holmes, and ALS Veteran Ernest Henderson and his spouse Susan. Once I get the pictures from Public Relations, I'll forward them to you. It should make VA Headlines as well. One would think so.

They will begin seeing 3-4 Veterans every week on Mondays from 1:00-4:00 pm in the SCI Outpatient Clinic. For Veterans in the Houston VAMC catchment area interested in being scheduled for the clinic, contact me.

This is the reality of a plan that has been coming together for 8 years for me, and 2 years for Dr. Mandava at the VA since his appointment as the Director of the Clinic.

The Clinic Staff and I are confident the ALS Veterans in our area will find the Clinic as not only a medical resource, but a support resource as well.

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WILLS & ESTATES

CRIMINAL RECORD CLEARING

LANDLORD/ TENANT ISSUES

TAX & BANKRUPTCY

CONSUMER MATTERS

OTHER CIVIL LEGAL ISSUES

Every Friday beginning September 9th from 1 PM-
3:30 PM

MICHAEL E. DEBAKEY VA MEDICAL CENTER
Building 108A – Steps from the main medical center entrance
2002 HOLCOMBE BLVD. HOUSTON TX 77030

Services are dependent upon financial eligibility such as income and assets.

If you are unable to attend in person, visit us online at
www.legalhelphouston.org to apply for assistance.

**Do you
have urine
leakage?**



**You may qualify to be part of a
clinical trial examining a
medication to improve
symptoms of urine leakage in
people with spinal cord injury.**

For more information

Kate Randolph kmrandol@utmb.edu

Lauren Dawson Indawson@utmb.edu

***utmb* Health**

Working together to work wonders.

VA LIFE (Veterans Affairs Life Insurance)

By Deontre Williams, NSO II, Houston VARO

VA LIFE is the new VA Life Insurance Program, replacing the former Service Disabled Veteran Insurance (SDVI). The new insurance program will take effect on January 2023, and is applicable for all Veterans with service connected disabilities at ages 80 and below. Some Veterans over 81 could possibly be eligible as well, as long as they applied for disability compensation before age 81, and they received a new service connected disability after 81. The key feature of the new program is that a Veteran can be service connected from anywhere between 0% and 100% disabled with no time limit to apply. This would be beneficial for Veterans who have not been able to receive a rating above 0 percent service connection. No other insurance policy in the world is giving Veterans additional insurance coverage based on the fact that they have a service connected disability.

This program, created by Public Law 116-315, will have guaranteed acceptance, and will offer whole life policies that will not require medical exams or any kind of health care questionnaires. As long as premiums are paid, one could have insurance coverage for their entire life. And, fortunately, DOES NOT have a two-year window in which a Veteran can apply. Veterans would be able to sign up at any time for VA LIFE and would never have to worry about increases in premiums as the policy holder ages. Approvals would be instant with VA LIFE and coverages come in increments of \$10,000 up to a maximum of \$40,000. Similar to what SDVI offered, but the supplemental life insurance coverage would take longer to be approved. Premiums are also expected to beat policies from private sector insurance plans which gives VA LIFE a great advantage to flourish. Rates will be better the earlier a Veteran applies and the policy would produce cash value that builds over the life of the policy after the first two years of enrollment. And again, premiums would never increase! Life Insurance is foundational in family financial planning, as 63% of adults have coverage to protect their spouse, children, or other beneficiaries.

Veterans currently possessing S-DVI policies remain in force until the full coverage of VA LIFE begins, as long as a Veteran's application for VA LIFE is received between Jan 1, 2023 and Dec 31, 2025. Afterwards, SDVI will close to new enrollment. Therefore, interested Veterans should apply by this date. With this being said, the Veteran would still be able to have life insurance coverage while waiting on the VA LIFE policy to become available.

The premium for VALIFE are fixed and based on your age and when you enroll. Monthly rates can be located at the table located at <https://www.benefits.va.gov/insurance/valife.asp>. The rates are proposed based on current estimates and may change prior to implementation of VA Life on January 1, 2023. Under the new program there are no premium waivers.

VA Insurance services is making the application process easier for Veterans by improving their automation system for the "ultimate customer experience" through DocuSign. DocuSign was made available on the VA's Life Insurance website. DocuSign is a cloud-based software solution for sending and signing digital documents. This allows beneficiaries to have the option to electronically sign and submit forms to claim the proceeds of VA-issued life insurance policies.

If you are interested in applying for or learning more about VA Life (Veterans Affairs Life Insurance), you may visit <https://www.benefits.va.gov/insurance/valife.asp> Once the program is open, the application will be available online at <https://www.benefits.va.gov/insurance/VALife.asp>. Additionally, Veterans can receive email updates about VA LIFE by registering here: <https://public.govdelivery.com/accounts/USVAVALI/subscriber/new>. VA Life Insurance Call Center: 800-669-8477 (Monday-Friday 8:30 a.m. to 6 p.m. EST). Also, you may contact your National Service Officer (NSO) if there are additional questions.

Donate your gently used clothing and household items to help support our chapter. Please be sure to mention you'd like your donation to benefit the TEXAS PARALYZED VETERANS. All donations are tax deductible. To schedule a pickup please call:

346-319-2222



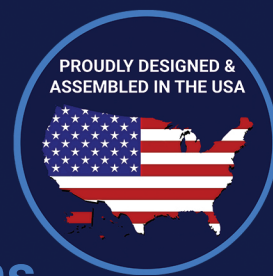
Don't



Remove hangers, check the pockets and wash if possible. Don't forget we need shoes, purses, and accessories.

Even towels and bedding that are threadbare can have a second life as they are used for cleaning up, and recycling.

Indego® Gets Paralyzed Veterans Walking Again



NEW VA Program offers eligible veterans an Indego® exoskeleton at NO COST!

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Email: support.indego@parker.com



VA proposes updates to disability rating schedule



PHOTO BY AIRMAN 1ST CLASS CHRISTOPHER MORALES/U.S. AIR FORCE

■ The Department of Veterans Affairs has proposed changes to the VA Schedule for Rating Disabilities that pertain to the respiratory and auditory systems. The changes will incorporate medical advancements for treating certain disabilities and modern medical knowledge to more accurately compensate veterans for their service-connected disabilities, according to the VA.

“Veterans who currently receive compensation for a service-connected condition in these body systems will not have their disability rating impacted when the VA Schedule for Rating Disabilities is updated,” said Thomas Murphy, the acting undersecretary for benefits.

Some of the proposed changes include modernizing the evaluation criteria for sleep apnea by evaluating it

based on the symptoms’ responsiveness to treatment. If symptoms are fully treated with a CPAP machine or other treatment, a veteran would be rated at 0% and not receive compensation; the VA will award progressively higher percentage evaluations based on how symptomatic the condition remains after treatment.

In public comments, DAV stated that the proposed change is a failure to “address the functional impairment caused by sleep apnea” and asserted that the current 50% rating is appropriate.

For tinnitus (ringing in the ears), proposed changes would recognize that symptom as part of a veteran’s broader ailment. The veteran would receive service-connected compensation for tinnitus through the disease to which it is attributed, rather than as a stand-alone disability.

DAV also opposes this change, noting the proposal contradicts a legal precedent decided in 1994 that said veterans are entitled to separate evaluations—and distinct ratings—for conditions that stem from a single disability if they are not duplicative.

“No change to a veteran’s current rating would automatically occur due to these proposed changes,” said National Service Director Jim Marszalek. “When and if the proposed changes are finalized, veterans should seek assistance from a veterans service organization like DAV before filing a claim for increase to determine the impact of the final rules.”



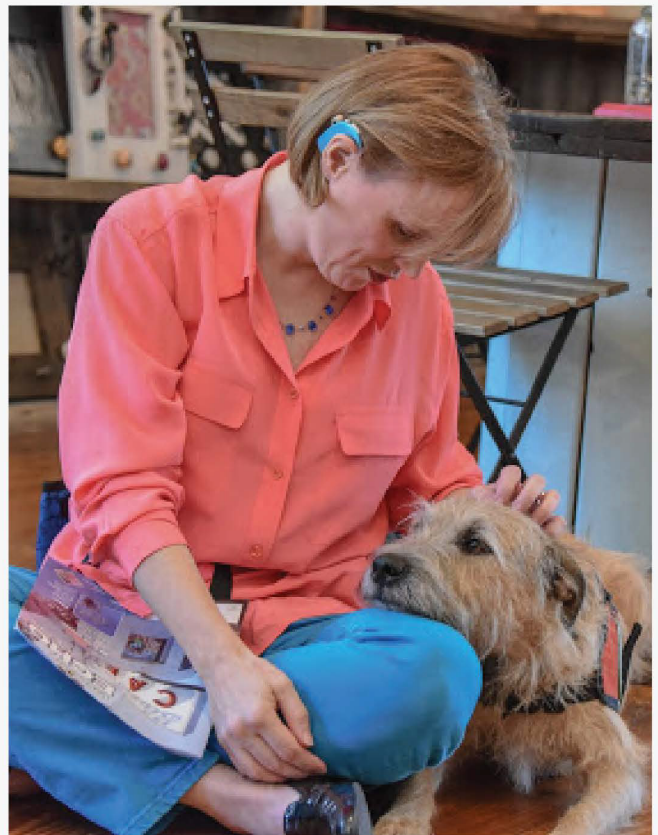
2022 PROSPECTUS

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SDI provides all dogs and training **free of charge**.

We continue to offer free, In Person, mental health counseling for military veterans and their families. We practice social distancing guidelines and have hand sanitizer available. We can also help with transportation needs with weekly bus passes.

Charles Jackson MA LPC
Licensed Professional Counselor
Healthy Minds, Healthy Heroes

American GI Forum – National Veterans Outreach Program
210-248-9933 Phone
cjackson@nvop-sa.org
206 San Pedro, Suite 201, San Antonio, TX 78205

San Antonio membership forums will
take place on the 1st Thursday of each
month at 2 pm

January Birthdays

Dwight Hayes

Roy Brown

Lisa Coryell

Edward Caldwell

Willie Jones

Stephen Scott

Derrick Perkins

Charles Mitchell

Ernie Sandidge

Eugene Hernandez

Michael Bucciero

Earl Conner

Charley Cole

John Bemben

Edwin Simmons

Edward Miley

Pablo Collazo

Felipe Garcia

Patrick Norvell

Manuel Riojas

Candor Tovar

Nicholas Mateo

Willard Allen

Willis Taylor

Dennis Brooks

Jimmy Harris

Michael Robertson

Augustine Pena

Michael Noyce

Leon Toulson

Kimberly Henderson

Michelle Bush

John Toledo

Michael Stewart

Richard Carson

Martez Davis

James Madison

Cynthia Hernandez

James Prentice

Phuc Nguyen

Raymond Harris



Houston parks and recreation-adaptive division scheduled events

West Gray weekly schedule

Monday

1pm-2pm Bocchia

5pm-7pm developmental wheelchair rugby

7pm-9pm wheelchair basketball

Tuesday

1pm-2pm tabata Tuesday (adaptive fitness)

5pm-6pm beep baseball team fitness

6pm-8pm beep baseball practice

6pm-7pm prep wheelchair basketball skills and drills

7pm-9pm juniors wheelchair basketball

Wednesday

6pm-9pm wheelchair basketball

Thursday

10am-12pm cycling

1pm-2pm dance fitness

5pm-7pm VI fit

7pm-9pm wheelchair rugby

Friday

7pm-9pm wheelchair tennis

6pm-8pm wheelchair lacrosse

Saturday

9am-11am wheelchair rugby

11am-2pm power chair soccer

2pm-4pm deaf basketball

This event took place on opening weekend of Texas' whitetail deer hunting season, November 4-6, 2022, in Kountze, Texas at the Indian Springs Campground and RV Park. This was my first opportunity to participate in this event, but it will not be my last. Upon arrival at Mama Jacks restaurant in Kountze, I was greeted by fellow PVA members and lunch was provided. I was selected by random draw to be the first to hunt for an Axis deer at a nearby high fenced ranch. We were escorted to the Indian Springs by a group of Indian motorcycle riders. I quickly got ready for my Friday evening Axis hunt. Although I was not able to locate the perfect Axis to harvest, the ranch was beautiful, and the ranch owner and manager were extremely nice. I was treated like a VIP all weekend and ate extremely well. All the cabins were newer, neat, clean and wheelchair accessible. There was a wheelchair accessible bathhouse and dining facility near the cabins. Volunteers and their families were there to greet us and catered to my every need all weekend. There were 8-9 different hunting blinds that are all wheelchair accessible and have at least 2 feeders nearby. At the end of the weekend, we were given gifts and invited back again anytime we wanted. They made sure we knew that it was just a phone call away to come back to stay and hunt provided there was an empty cabin available or we could reserve an RV spot. Ronnie Stockholm and his family were amazing hosts. I'll will be returning as often as possible.

Nate Turner



Ozona hunt proves that Teamwork from start to finish gets the Job done!

Once again, Chuck Poole was nice enough to invite a few fellow TPVA Hunters to his lease at Clayton Ranch for an “End of season Deer hunt”.

Even with numerous last minute roster changes and equipment issues - It turned out the does & spikes had no chance against TPVA/DV's - Richard Carson, Alvin Guerrero, Joe Leon, Bruce Kuker and Chuck. TOP SHOT and Happy Birthday goes to Richard Carson - 3 shots for 3 Kills & Best Kill of a Ram. (He is also the 1st “full Quad” to attend). With our tags being “maxed out” (of 8) we ensured some more game meat will be processed and available for other TPVA Members.

Despite our limited numbers, individual disabilities and/or experience levels each Hunter was expected to cook, clean, scout and/or skin/qtr the game. This proved that Texas hunts require support, teamwork and resourcefulness for success and this hunt did not disappoint.

Thanks again “Chuck” for the invitation and the full use of the facility. We look forward to next season.

Special Thanks:

Chuck Poole (Ret US Army Ranger) and Clayton Ranch Crockett County, Ozona Tx.

Gary Branch Rhodes Bros Game Processing, Kerrville Tx.

Canine Crew: Achilles & Briley



The PACT Act Fact Sheet

To ensure Veterans can receive high-quality health care screenings and services related to potential toxic exposures, the PACT Act expands access to VA health care services for Veterans exposed during their military service. For post-9/11 combat Veterans, the bill extends the period of time they have to enroll in VA health care from five to ten years post-discharge. For those combat Veterans who do not fall within that window, the bill also creates a one-year open enrollment period. These expansions mean that more Veterans can enroll in VA health care without having to demonstrate a service connected disability.

The PACT Act codifies VA's new process for evaluating and determining presumption of exposure and service connection for various chronic conditions when the evidence of a military environmental exposure and the associated health risks are strong in the aggregate but hard to prove on an individual basis. PACT requires VA to seek independent evaluation of this process as well as external input on the conditions it will review using this framework. The new process is evidence-based, transparent, and allows VA to make faster policy decisions on crucial exposure issues. This new process has already fundamentally changed how VA makes decisions on environmental exposures and ensures more Veterans have access to the care they need.

The legislation removes the need for certain Veterans and their survivors to prove service connection if they are diagnosed with one of 23 specific conditions. This greatly reduces the amount of paperwork and need for exams that Veterans diagnosed with one of these conditions must complete before being granted access to health care and disability compensation, thereby speeding up their receipt of the benefits they have earned. This list includes 11 respiratory related conditions, along with several forms of cancer, including reproductive cancers, melanoma, pancreatic cancer, kidney cancer, and brain cancers such as glioblastoma. Survivors of Veterans who died due to one of these conditions may now also be eligible for benefits.

To better understand the impact of toxic exposures, the PACT Act requires VA to conduct new studies of Veterans who served in Southwest Asia during the Gulf War and analyses of post-9/11 Veterans' health trends. The new law also directs the Secretary of Veterans Affairs to convene a new interagency working group to develop a five-year strategic plan on toxic exposure research.

Ensuring Veterans get the care they need includes ensuring that they are screened for toxic exposure and that VA personnel have the appropriate education and training. The PACT Act requires that Veterans enrolled in VA health care be screened regularly for toxic exposure related concerns. This new law also requires VA to establish an outreach program for Veterans regarding toxic exposure related benefits and supports, and to require additional toxic exposure related education and training for VA personnel.

This bill also delivers critical resources to VA to ensure it can deliver timely access to services and benefits for all Veterans eligible – including those already enrolled. The PACT Act provides VA with mechanisms to enhance claims processing and to increase the workforce. The bill also invests in VA health care facilities by authorizing 31 major medical health clinics and research facilities in 19 states.

Requiring Training for VA and Non-VA Providers: Health care providers and compensation and pension examiners sometimes do not have the training to understand or treat Veterans' exposure concerns. To address this challenge, VA directed compensation and pension providers and Veterans Health Administration clinicians to complete a training module on assessing deployment related to environmental exposures. VA is also encouraging all providers who care for Veterans outside of VA through the Community Care Network contract to complete training on the TRAIN Learning Network, VA's publicly available training site. Furthermore, VA employees and community care providers have been directed to utilize the Exposure Ed App to help providers provide information to Veterans on health effects associated with certain exposures during military service.

Implementing a Network of Specialized Providers and Call Center: Veterans with concerns about the health outcomes of military exposures experience inconsistent care to address these specific issues, especially outside of VA. Earlier this year, VA launched VET-HOME, The Veterans Exposure Team-Health Outcomes of Military Exposures. VA plans to hire health professionals, including physicians, nurse practitioners, and physician assistants who will specialize in conducting patient assessments regarding the health effects of military exposures. By January 2023, VA expects to have a fully operational call center and network of experts to help Veterans concerned about environmental exposure and provide consultative services to Veterans in primary care clinics.

The PACT Act Fact Sheet

What changes will the PACT Act bring?

While some ailments caused by toxic exposure can present quickly, other illnesses can take years to manifest. This left many Veterans outside their eligibility window to enroll in Department of Veterans Affairs (VA) health care and others struggling to prove a service connection because of the time that had lapsed. To address this, the PACT Act makes significant changes to the timeline Veterans have to enroll in VA health care. The PACT Act:

Increases the period of time Veterans have to enroll in VA health care from five to 10 years following discharge for post-9/11 combat Veterans.

Establishes a one-year open enrollment period.

Additionally, the legislation codifies VA's new process for evaluating and determining presumption of exposure and service connection — removing the burden of proof from the Veteran.

How do I know if I've been exposed to burn pits?

If you served in any of these locations and time periods, VA has determined you have a presumption of exposure to burn pits or other toxins.

On or after Sept. 11, 2001, in any of these locations:

Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, Yemen, and the airspace above any of these locations.

On or after Aug. 2, 1990, in any of these locations:

Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, The United Arab Emirates, and the airspace above any of these locations

What new presumptive conditions were added for burn pit exposure?

The PACT Act added more than 20 new condition, including a dozen cancers, which are now presumed to be caused by exposure to burn pits and other toxins. This change impacts Gulf War era and post-9/11 Veterans.

Brain cancer, Gastrointestinal cancer of any type, Glioblastoma, Head cancer of any type, Kidney cancer, Lymphatic cancer of any type, Lymphoma of any type, Melanoma, Neck cancer, Pancreatic cancer, Reproductive cancer of any type, Respiratory (breathing-related) cancer of any type,

Additionally, these illnesses are also now considered presumptive:

Asthma that was diagnosed after service, Chronic bronchitis, Chronic obstructive pulmonary disease, Chronic rhinitis, Chronic sinusitis, Constrictive bronchiolitis or obliterative bronchiolitis, Emphysema, Granulomatous disease, Interstitial lung disease, Pleuritis, Pulmonary fibrosis, Sarcoidosis

What changes were made for Vietnam-era Veterans?

The PACT Act added two additional Agent Orange presumptive conditions:

High blood pressure (hypertension) and Monoclonal gammopathy of undetermined significance (MGUS)

Additionally, **five new presumptive locations** were added for Vietnam-era Veterans:

Any U.S. or Royal Thai military base in Thailand from Jan. 9, 1962, through June 30, 1976

The PACT Act Fact Sheet

Laos from Dec. 1, 1965, through Sept. 30, 1969

Cambodia at Mimot or Krek, Kampong Cham Province from April 16, 1969, through April 30, 1969

Guam or American Samoa or in the territorial waters off of Guam or American Samoa from Jan. 9, 1962, through July 30, 1980

Johnston Atoll or on a ship that called at Johnston Atoll from Jan. 1, 1972, through Sept. 30, 1977

What new radiation presumptive locations were added?

VA added three new response efforts to the list of presumptive locations:

Cleanup of **Enewetak Atoll**, from Jan. 1, 1977, through Dec. 31, 1980

Cleanup of the **Air Force B-52** bomber carrying nuclear weapons off the coast of **Palomares, Spain**, from Jan. 17, 1966, through March 31, 1967

Response to the fire onboard an **Air Force B-52** bomber carrying nuclear weapons near **Thule Air Force Base** in Greenland from Jan. 21, 1968, to Sept. 25, 1968

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Silver Donor	\$100 – \$249
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USA SHOOTING HOSTS OVER 500 ATHLETES AT 2022 WINTER AIR GUN CHAMPIONSHIPS

By Brittany Nelson, USAS Public Relations & Communications Manager

COLO SPRGS, CO (Dec. 16, 2022) – USA Shooting's 2022 Winter Air Gun Championships, Dec. 9-12, were held in two locations: the U.S. Olympic and Paralympic Training Center in Colorado Springs, Colorado, and the Civilian Marksmanship Program's (CMP) Gary Anderson CMP Competition Center in Camp Perry, Ohio.

Between the two locations, the event hosted over 500 pistol and rifle athletes of all ages. The annual competition held individual, and team matches for both 10m Air Rifle and 10m Air Pistol.

Below is a list of the top three finishers according to the two-relay combined aggregate scores. Finals were later held for the top eight aggregate scoring athletes.

Colorado location:

Men's 10m Air Pistol

1st: Jay Shi with a score of 1,135

2nd: Javier Medina

3rd: Jason Herndon

Women's 10m Air Pistol

1st: Katherine Ahn with a score of 1,119

2nd: Nathalia Tobar Prado

3rd: Lexi Lagan

Men's 10m Air Rifle

1st: Rylan Kissell with a score of 1,257.1

2nd: Braden Peiser

3rd: Peter Fiori

Women's 10m Air Rifle

1st: Julie Johannessen with a score of 1,257.3

2nd: Peninah D'Souza

3rd: Stephanie Grundsoee

The following Paralympic athletes earned medals from their overall combined scores:

Paralympic Pistol P1

1st: Michael Tagliapietra

Paralympic Rifle R3

1st: Kevin Nguyen

2nd: Robert Beach

3rd: Steven Holbert

Paralympic Rifle R4

1st: Benjamin Hays

2nd: Madison Champion

3rd: Abhinav Sharath

Paralympic Rifle R5

1st: Stetson Bardfield

2nd: Madison Champion

3rd: Benjamin Hays

Paralympic Rifle VI

1st: Jason Pepper

Camp Perry location:

Men's 10m Air Pistol

1st: James Hall with a score of 1,142

2nd: Anthony Lutz

3rd: Sergey Kalinichenko

Women's 10m Air Pistol

1st: Suman Sanghera with a score of 1,158

2nd: Ada Korkhin

3rd: Lisa Emmert Traciak

Men's 10m Air Rifle

1st: Timothy Sherry with a score of 1,251

2nd: Brandon Muske

3rd: Matthew Sanchez

Women's 10m Air Rifle

1st: Mary Tucker with a score of 1,258.4

2nd: Sofia Ceccarello

3rd: Cecelia Ossi

Paralympic Rifle R1

1st: Eric Heideman

2nd: Sidney Knight

Paralympic Rifle R2

1st: Taylor Farmer

Paralympic Rifle R3

1st: Taylor Farmer

Paralympic Rifle R4

1st: Eric Heideman

2nd: Sidney Knight

Paralympic Rifle R5

1st: Eric Heideman

2nd: Sidney Knight

Paralympic Pistol P2

1st: Debra Freed

Junior and open age category finals were held for the top eight aggregate scoring athletes. The medalists are as follows:

Colorado location

Men's Air Pistol Open Age Category

Gold: Jay Shi

Silver: Ammar Bagasra

Bronze: Hunter Battig

Men's Air Pistol Junior Age Category

Gold: Hunter Battig

Silver: Nathan Bae

Bronze: Mark Shen

Women's Air Pistol Open Age Category

Men's Air Pistol Junior Age Category

Gold: Hunter Battig

Silver: Nathan Bae

Bronze: Mark Shen

Women's Air Pistol Open Age Category

Gold: Natalia Tobar Prado

Silver: Lexi Lagan

Bronze: Stephanie Fryer

Women's Air Pistol Junior Age Category

Gold: Katherine Ahn

Silver: Jenny Noh

Bronze: Rachel Kim

Men's Air Rifle Open Age Category

Gold: Braden Peiser

Silver: Gavin Barnick

Bronze: Scott Rockett

Men's Air Rifle Junior Age Category

Gold: Scott Rockett

Silver: Braden Peiser

Bronze: Rylan Kissell

Women's Air Rifle Open Age Category

Gold: Sarah Beard

Silver: Peninah D'Souza

Bronze: Julie Johannessen

Women's Air Rifle Junior Age Category

Gold: Julie Johannessen

Silver: Peninah D'Souza

Bronze: Martina Gratz

Camp Perry location

Men's Air Pistol Open Age Category

Gold: James Hall

Silver: Anthony Lutz

Bronze: Ethan Li

Men's Air Pistol Junior Age Category

Gold: Brennan Laing

Silver: Collin Haney

Bronze: Ethan Li

Women's Air Pistol Open Age Category

Gold: Suman Sanghera

Silver: Lisa Emmert Traciak

Bronze: Sandra Uptagrafft

Women's Air Pistol Junior Age Category

Gold: Suman Sanghera

Silver: Ada Korkhin

Bronze: Saanvi Singh

Men's Air Rifle Open Age Category

Gold: Brandon Muske

Silver: Matthew Sanchez

Bronze: Gavin Perkowski

Men's Air Rifle Junior Age Category

Gold: Gavin Perkowski

Silver: Andrew Duross

Bronze: Matthew Sanchez

Women's Air Rifle Open Age Category

Gold: Mary Tucker

Silver: Cecelia Ossi

Bronze: Bremen Butler

Women's Air Rifle Junior Age Category

Gold: Emme Walrath

Silver: Allison Buessler

Bronze: Clarissa Layland

Awards were also given for each junior age category

and team matches. For all official results visit:

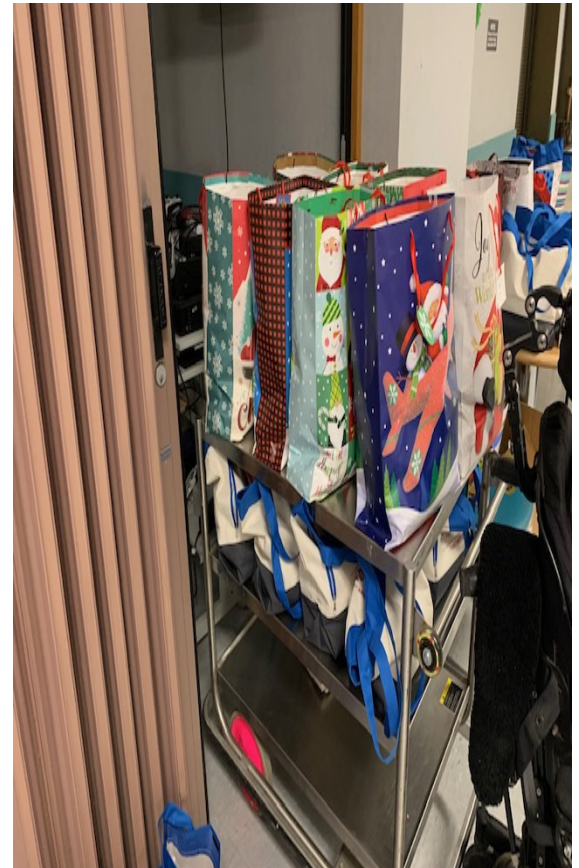
<https://usashooting.org/get-involved/events/>

View photos of the competition here:

Colorado <https://www.flickr.com/photos/usashooting/albums>



SCI Presents Distribution





Challenged Athletes Foundation Application Is Now Open



CAF ANNUAL GRANT PROGRAM

CAF's flagship grant program aims to remove the barriers that exist between adaptive athletes and their pursuit of sport and fitness.

ELIGIBILITY

Individuals worldwide with permanent physical disabilities are eligible to apply for the CAF grant. Teams, organizations, etc. are not eligible to apply. Hearing impairments, Intellectual and developmental disabilities do not qualify for support through CAF. Medical Verification of Disability is required.

GRANT REQUEST OPTIONS

Applicants may request one of the following grant types:

- Sports Expenses Grant
- Equipment Grant

APPLICATION WINDOW

The 2023 CAF Annual Grant application opens on September 1, 2022. If you are a 2022 CAF grant recipient, [click here](#) for information about grant receipts and FAQs.

2023 ANNUAL GRANT PERIOD TIMELINE

The 2023 CAF Grant Period runs from September 1, 2022 – January 31, 2023

Sept 1, 2022: 2023 Grant application opens

Nov 4, 2022: 2023 Grant Application closes

March 22-31, 2023: Grant Award notifications sent out

March 22, 2023 – May 31, 2023: Grant Award Acceptance & Distribution period

May 31, 2023: Deadline to accept the 2023 grant

January 31st, 2024: 2023 Grant Period closes. Monetary grants must be spent, and receipts uploaded

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Date: April 15, 2023



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Turkey Shoot:

Rifle, Pistol, and Shotgun

Clays

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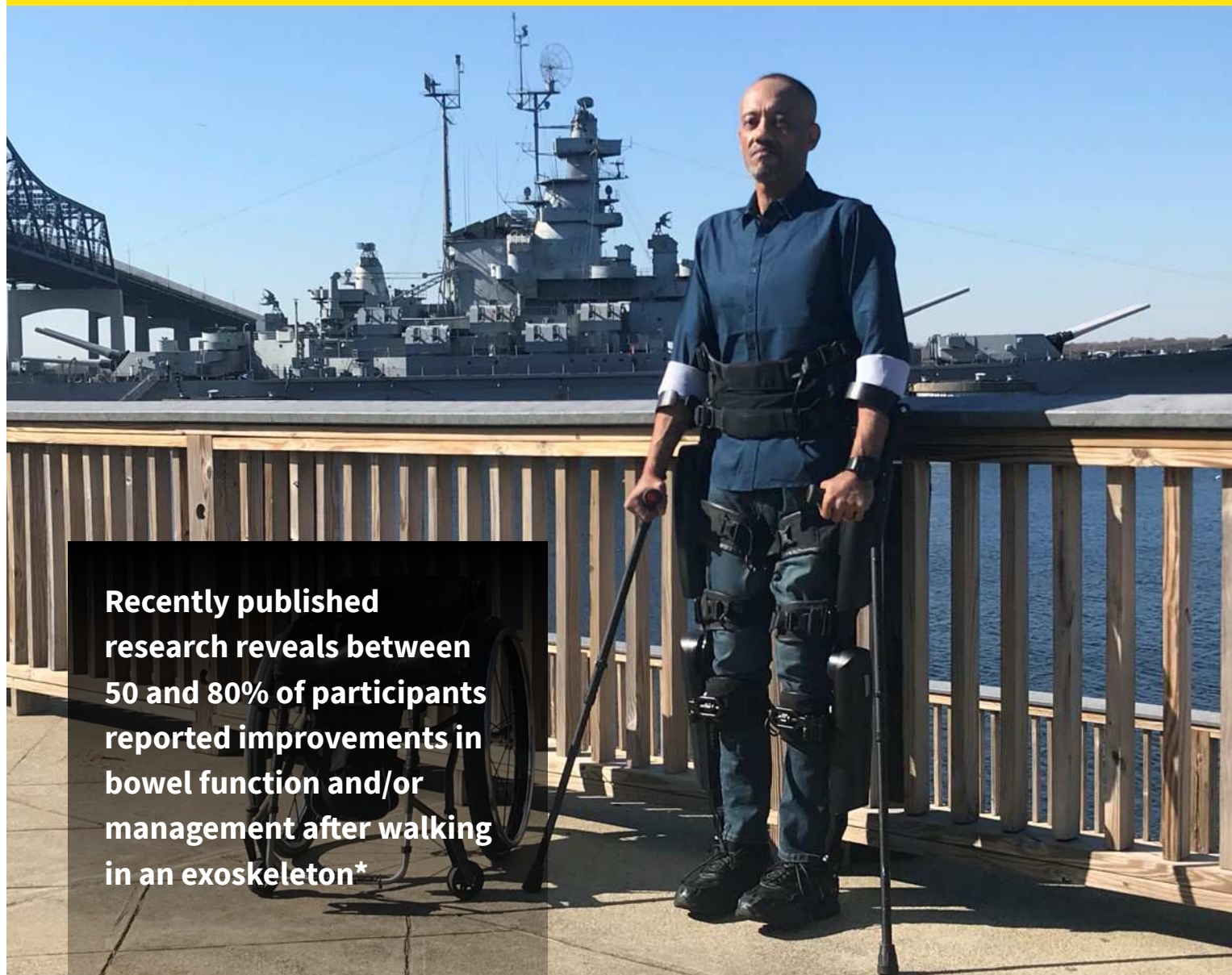
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As long as you're on the phone with us, let us know how you're doing. Get an update on the latest Chapter news and events. You can also make sure your phone number and address are up to date. Remember we're an organization made up of members trying to help other members. We need to know who you are, where you are and what kind of concerns or ideas you may have. Plus you may be able to volunteer some time with us.

Remember if it's your **Birth Month**, all that it takes for a chance at a \$200 Birthday gift is just a phone call. If you don't call in, you won't be entered.

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San Antonio Veterans Parade Winners



FDA Approves Briumvi™ for the Treatment of Relapsing Forms of MS

Latest News December 28, 2022

Reviewed by MSAA Chief Medical Officer Barry A. Hendin, MD

TG Therapeutics has announced that the United States Food and Drug Administration (FDA) approved Briumvi™ (ublituximab-xiiy) for the treatment of relapsing forms of multiple sclerosis (MS) in adults – including clinically isolated syndrome, relapsing-remitting MS, and active secondary-progressive MS. This medication is a monoclonal antibody that targets CD20, a protein found on the surface of B cells, and induces B-cell depletion within 24 hours. B cells are white blood cells shown to play a role in MS.

Briumvi is given by infusion, with two initial doses administered 14 days apart, followed by infusions every 24 weeks. In studies, Briumvi met its primary end point of reducing annualized relapse rates when compared to individuals taking the oral medication, Aubagio® (teriflunomide). It also met certain secondary endpoints, including the reduction of gadolinium-enhancing lesions as seen on magnetic resonance imaging (MRI), compared to individuals taking Aubagio.

The most common side effect was infusion-related reactions. This new therapy is expected to be available in early 2023.

Study Design and Findings

The Phase III ULTIMATE I and ULTIMATE II trials were identical, double-blind, and double-dummy (placebo) studies taking place at 104 sites throughout 10 countries. Enrolled participants were between the ages of 18 and 55, were diagnosed with relapsing MS, were limited to the use and timing of certain disease-modifying treatments, and had an Expanded Disability Status Scale (EDSS) score of 0 to 5.5 (with greater scores indicating more significant disability).

Between September 2017 and October 2018, the ULTIMATE I trial enrolled 549 individuals and the ULTIMATE II trial enrolled 545. Participants were randomized and the numbers were split in half to receive either Briumvi with an oral placebo or Aubagio with an intravenous placebo. The median follow-up of these studies was 95 weeks (a little less than two years) and some of the results were determined through a pooled analysis of both trials.

Results of these two studies include the following:

In the ULTIMATE I trial, the annualized relapse rate was 0.08 in the Briumvi group versus 0.19 in the Aubagio group. In the ULTIMATE II trial, the annualized relapse rate was 0.09 and 0.18, respectively. Generally speaking, individuals taking Briumvi experienced about half the relapses than those taking Aubagio.

In the ULTIMATE I trial, the mean number of gadolinium-enhancing lesions (per T1-weighted MRI scan) was 0.02 in the Briumvi group versus 0.49 in the Aubagio group. In the ULTIMATE II trial, the mean number of gadolinium-enhancing lesions was 0.01 and 0.25, respectively.

In the ULTIMATE I trial, the mean number of new or enlarging hypointense lesions (per T2-weighted MRI scan) was 0.21 in the Briumvi group versus 2.79 in the Aubagio group. In the ULTIMATE II trial, the mean number of new or enlarging hypointense lesions was 0.28 and 2.83, respectively.

In the ULTIMATE I trial, “no evidence of disease activity” (NEDA) was seen in 44.6% of those treated with Briumvi versus 15.0% of those receiving Aubagio. In the ULTIMATE II trial, NEDA was seen in 43.0% of those treated with Briumvi versus 11.4% of those receiving Aubagio.

Side Effects, Adverse Events, and Screenings Required

Among those taking Briumvi, the most common adverse event was infusion-related reactions (47.7%). Fever, headache, chills, and flu-like symptoms were the most commonly reported symptoms when experiencing an infusion-related reaction. Other side effects included headache (34.3%), nasopharyngitis [cold symptoms] (18.3%), pyrexia [fever] (13.9%), and nausea (10.6%). These were compared to side effects experienced by the Aubagio group, whose most common adverse events included headache (26.6%), nasopharyngitis (17.9%), alopecia [hair loss] (15.3%), infusion-related reactions [to the placebo given intravenously] (12.2%), and diarrhea (10.6%).

Looking at both trials combined, just over half of each treatment group experienced infections – 304 participants or 55.8% of the Briumvi group and 298 or 54.4% of the Aubagio group. Most of these were related to the respiratory tract. Urinary tract infections and herpes virus infections also were seen in smaller percentages of participants.

Serious and life-threatening infections were seen in 5% of study participants taking Briumvi, compared to 3% of those taking Aubagio. Three infection-related deaths occurred with Briumvi-treated patients. Administration of Briumvi should be delayed in patients experiencing active infection.

Also in these trials, one participant taking Briumvi experienced Hepatitis B Virus (HBV) reactivation. All patients should be screened for HBV prior to starting Briumvi and anyone with active HBV should not be given Briumvi.

Although cases of progressive multifocal leukoencephalopathy (PML) have been reported in patients taking other anti-CD20 antibodies, no cases of PML occurred during the 96-week period. Additionally, no opportunistic infections were reported.

Results of animal studies suggest that Briumvi may harm the fetus if given to a pregnant woman. For this reason, women who could become pregnant should be given a pregnancy test prior to starting Briumvi as well as prior to each infusion. Effective contraception is recommended during treatment with Briumvi and for six months after discontinuing treatment.

For More Information

For more information, please visit www.briumvi.com, or go to TG Therapeutics' dedicated patient support website at www.briumvipatientsupport.com. This latter website will be available to access within a few days following this approval. Interested individuals may also call 1-833-BRIUMVI, or 1-833-274-8684.

Whether connecting online or via phone, patient support representatives can provide information about financial assistance programs. Representatives can also assist individuals with locating their nearest infusion site. As noted earlier, Briumvi is expected to be available in early 2023.

For general information or to speak with one of MSAA's trained Client Services Specialists, please contact us in one of the following ways:

Call (800) 532-7667, extension 154 or email MSquestions@mysaa.org. Helpline hours are Monday through Friday, 8:30 AM to 8:00 PM, Eastern Time. To reach a Spanish-speaking Client Services Specialist, please call (800) 532-7667, extension 131.

Para comunicarse con un Especialista de Servicios al Cliente que habla español, llame al (800) 532-7667, extensión 131 o envíe un correo electrónico a MSquestions@mysaa.org. El horario de la línea de ayuda es de lunes a viernes, de 8:30 AM a 8:00 PM, hora del este.

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