

# Gateway Gazette

March/April 2021

Volume 45 Number 2



**COVID - 19**

**Coronavirus  
Vaccine**

**Injection only**

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Vaccine**

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Vaccine**

**Injection only**



Gateway Chapter

# Veterans with Spinal Cord Injury or Disease, Living Life to the Fullest

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We are offering the option to receive our Chapter's newsletter by email. Members taking advantage of electronic delivery will help to reduce the cost of printing and postage. In turn, this will allow the Chapter to put more funds toward our members and member programs. If you have not done so already, please contact Administrative Assistant Amber Lee at [amber@gatewaypva.org](mailto:amber@gatewaypva.org), or Executive Director Chris Blanchard at [chris@gatewaypva.org](mailto:chris@gatewaypva.org), if you would like to start receiving your newsletter electronically.



*by Stanley D. Brown*

# President's Message

## Vaccines

### *Special National BOD Meeting*

#### **Vaccines**

In late February I emailed all members concerning the COVID19 vaccine the VA was giving to us. The VA was trying to follow Center for Disease Control (CDC) guidelines for the vaccines to include the first tier (1a being VA hospitalized veterans and nursing staff). There was no direct CDC guidance on spinal cord injury or disease veterans in particular but VA Central Office interpreted at least spinal cord injury outpatient veterans to be in the second tier (1b). However, not all VA Medical Centers are following this protocol. There is no specific guidance on MS or ALS Gateway members. I will address that later in this article. The following is what I sent to members: "The policy for the SCI Hub, St. Louis VA SCI, is to put inpatient, VA and nursing homes, SCI on the first priority. Outpatient SCI should be the second priority. That is what is being followed in St. Louis and should be occurring at the Spokes. Veterans that are 65+ and inpatient or outpatient also should be the first priority. St. Louis area people should have received an email or call. I got an email and finally got through to set up an appointment for the initial vaccine. Second vaccine came 21 days later two weeks ago. SCI outpatients also should have been contacted about the vaccine appointment. I'm hearing mixed messages from those that visit the spokes. The St. Louis VA Medical Director tells me he has spoken with VA medical directors at the spokes and been assured they are following the same protocol. Please let me know if not been contacted or told as an outpatient you're

not on any priority list for the vaccine." I have since heard back from several of you and SCI outpatients in other parts of the state are not getting that vaccine. We continue to work on that. I also heard that ALS and MS members didn't necessarily get the vaccine unless they were on the SCI registry. As I understand it now, ALS and MS members must have their disease affect their spinal cord in order to be placed on the SCI registry and be eligible for the vaccine in this second tier. I appreciate MS and ALS in and of itself should place a veteran in the second tier, but currently it does not. I have been in contact with the SCI Chief and she contacted Dr. Sommerville (ALS) and Dr. Wu (MS) and they are working on getting ALS and MS veterans in the second-tier group because that group is now being vaccinated. I will keep you informed of further information when I get it and that is why it is important we have your email address.

#### **Special January Board of Directors Meeting**

At the January Special PVA (National) Board of Directors meeting the organization and the 33 Board members considered three pressing issues facing PVA: 1) It was approved to enter the DirectTV marketing campaign by investing \$7 million for various spots similar to what you now see for Shriners, World Wildlife Fund, and Wounded Warriors. The PVA Communications Department is doing test messaging now in hopes of rolling out a spring campaign. I voted in favor of this new venture

because our reliance on direct mail solicitation continues to be a declining and expensive source of revenue; 2) A market study was presented on the cost of maintaining and making necessary repairs to the PVA headquarters building in downtown Washington DC. Information was presented contrasting that operating and maintenance cost with projected savings from selling the building and renting or buying a smaller space not in downtown Washington. I've been in favor of this idea for some time. Our building if purchased would probably be destroyed and replaced with a new high-rise structure. The PVA Board of Directors overwhelmingly voted to proceed in marketing the sale of the building and looking for space in DC or an adjacent suburb. This process may take some time, and finally 3) PVA once again will have a new logo. I reluctantly supported this but the BOD approved a basic change in our logo that will be implemented after May 2022 and a special 75th year anniversary logo as seen on the front cover, that is being used in the interim. About six years ago we changed from the longtime "wheelchair Speedy" to the silhouette soldier in a wheelchair. At that time, I pointed out the similarity with the Wounded Warrior logo but others thought that was a good thing to perhaps capture those donors. Now the similarity is thought to be a negative for distinguishing us. In the end, PVA and the Chapter will start to use the new logo and at least for FY21-22, use the 75th anniversary logo. It may be a while before we switch out stationary at the Chapter level and order new apparel such as shirts, caps, etc.

# Preparation is the Key to Surviving Frigid Winter Days

*by Jeremy Lile, National Service Officer II*

Growing up in the Midwest, I was never a fan of all the snow and ice that comes with it. I did not see it as a beautiful winter wonderland, but more of an inconvenience accompanied with unpleasant and unsafe conditions. Then I went to Basic Training at Fort Knox (Kentucky) in January. As a result, I learned quickly that spending a lot of time out in frigid temperatures is never a good idea. Thus, implementing additional safety measures when the weather becomes dangerously cold will help us all survive the winter's wrath.

According to the National Weather Service, more than 950 Americans died due to cold weather from 1989 to 2019. Prolonged exposure to bitterly cold conditions without proper clothing can increase the chances of frostbite and hypothermia. Practicing proper cold weather safety and understanding the warning signs can help decrease the dangers. Hypothermia (abnormally low body temperature) and frostbite (freezing of body parts) can occur when an individual is exposed to extremely cold temperatures. Symptoms of hypothermia and frostbite can vary based on age, health, diet, and amount of outdoor activity. These dangers can be avoided by practicing the following tips:

- Stay indoors as much as possible and try to minimize travel. If traveling cannot be avoided, create a vehicle emergency kit in case of accidents or becoming stranded.
- Follow the manufacturer's instructions of any alternative-heating sources being used at home, such as space heaters. Always turn off alternative-heating sources before going to bed or leaving home.
- Take frequent breaks in a warm shelter while working outdoors. It also helps to drink warm (non-caffeinated) beverages and eat high-calorie foods during these breaks.
- Remember to never leave animals, especially pets, outside without adequate shelter.

Driving in the St. Louis area as well as in the rural areas is always an experience. Sometimes the roads are nice and clear, while other times they look as if they have not been touched. And so, if you must go out and drive somewhere, let someone know your destination, your route, and when you expect to arrive. Before leaving the house, listen to local weather reports, or call the state highway patrol for the latest road conditions. Lastly, be on the lookout for sleet, freezing rain, freezing drizzle, and dense fog, which can make driving even more hazardous.

If you know of people that have no where to go, there are warming centers all over Missouri. Here is a link that will help locate the warming centers in your area: <https://www.stlouis-mo.gov/live-work/warming-centers.cfm>

As always, feel free to call your local NSO for any VA/PVA related questions.



# Want To Improve Your Bowel Function?



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\*Chun A, et al. Changes in bowel function following exoskeletal-assisted walking in persons with spinal cord injury: an observational pilot study. Spinal Cord. 2020;58(4):459-466.



## Letter from the desk of Bonnie Hilburn

I wish to address mostly those who utilize the Kansas City VA Hospital (KCVAMC). But this message also goes out to all who live with a spinal cord dysfunction or who deals with those who have spinal cord dysfunction.

I realize that this has been an incredibly difficult year in many ways, but especially because of COVID.

I am much concerned that our Spinal Cord Injury (SCI) Clinic at the KCVAMC is losing momentum. Know that I deeply appreciate all of our KCVAMC essential workers. They are under an incredible amount of pressure and anxiety. I am sorry that they are having to endure this pandemic. We have been very fortunate here over the years and by having been one of the first spinal cord injury clinics in the country. Former Social Worker Kent Porter put together an SCI program that consisted of a SCI doctor that was our primary care doctor, an SCI nurse and a SCI social worker. That was already established when I arrived in KC in 1991.

Later on, PVA started a subchapter which implemented many other good factors. Hospital surveys were done to make the hospital more wheelchair accessible, and supported sports and community involvement. National PVA contributed by looking over hospital rooms accessibility for even the most severe SCI patients. We even started having support group meetings, Christmas parties and other events for SCI patients and their families. With the help of ten of our SCI comrades, we also met with the Director of KCVAMC Kent Hill over trying to get enough wheelchair accessible parking. It was the biggest complaint that we had at that time. Thus, we were granted the SCI Parking lot. That was a godsend for all of us. The subchapter was dissolved due to lack of involvement by our group.

Things seemed to be getting better with the new designs the KCVAMC was implementing. The building has undergone much improvements. But this is not so for all of us now. We lost our SCI parking lot. On my last appointment, I was forced into parking in two non-disabled parking spots on the second level. I'm glad I was in a power wheelchair. Otherwise, I would never have been unable to make it to the front door on my own accord.

Also, SCI were supposed to get priority for the COVID shot. But, after two weeks of a runaround by not only KCVAMC but by a letter I received from St Louis VAMC (which gave a bogus phone number that no one

answered), I found out by calling the American Legion Service Officer who told me to call KCVAMC and ask for the COVID Team. I did this and got my first shot two days later and ultimately my second shot two weeks later. I have been informed that other SCI patients have gotten their shots now. If this issue is resolved, I'm happy. But, Eastern Kansas SCI patients are still waiting for notification.

As you all may know, when Dr. Taylor took ill and had to retire, we were given a new SCI doctor that I have not met. He sounds wonderful, but I was told that he wouldn't be our primary care doctor. I hurt my shoulder and thought I should have the doctor look at it. I was informed on 1/29 that the next appointment to see my primary care doctor was for 2/10 at 8am. I was informed that the only days allotted for spinal cord clinic was now from 8am to 1:30 pm on Wednesdays. That also coincides with the new primary care doctor. There are many reasons why this has the potential of being a problem. My number one fear is that a consult by a primary care doctor will be needed if you need to see the SCI doctor. This could delay treatment of an underlying condition that a primary care doctor may not perceive. A second appointment with the SCI doctor will then be needed at a later date. As we all know, time is of the essence when it comes to SCI.

I don't know about you, but I have to get up at 5 am to be at the KCVAMC by 8am. And, that is because I rely on myself for dressing, driving and parking. What if you have to have someone come in to get you ready or you are in a manual wheelchair or trying to walk? It just doesn't sound like someone really cares about our needs. If you call today, you will see the only available appointments are for 8 or 9 am for a week or more from now. Otherwise, you may be referred to go to the Emergency Room.

When I complained about this, I was told that I was the only one that had complained about these issues. If that's so, then so be it. I'll stand alone. But I suggest you think about our future and those of future veterans, and what they will have lost because we did nothing to change the course of actions. Let your voice be heard. Call your service officers, patient advocates or even letters to the directors to your facilities so they know what is going on. So, we can put forth a National PVA effort that we have been known for since the beginning of PVA.

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# GATEWAY GI

## General Information

### MAR 2021

**Mar 9 -**

BOD Meeting

11:30am via Zoom

15 pts for non-BOD mbrs

**Mar 18 -**

Qtrly Mbr Meeting

1:30pm via Zoom

15 pts for members

### APR 2021

**Apr 13 -**

BOD Meeting

11:30am via Zoom

15 pts for non-BOD mbrs

\*Gateway Chapter monthly luncheons at Jefferson Barracks Building 52 are canceled until further notice. The luncheons will resume when the VA determines it is safe to host them again.

## Welcome to New Members

Richard Blanford

Brad Crabtree

James Davison

Herschel Eckstein

## Baseball Ticket Giveaway

The Gateway Chapter has again purchased tickets for St. Louis Cardinals and Kansas City Royals. We are awaiting further information from MLB on attendance guidelines.

As soon as we are able to start giving away/selling half price tickets, members will be notified. That is why it is important that we have your email address.

St. Louis Cardinals tickets are for a regular stadium seat and a spot for a wheelchair in Section 147, Seats 3 and 4. A folding chair can be placed in the wheelchair spot if need be. Members will be able to purchase up to four (4) games at half price to ensure specific games.

Kansas City Royals tickets are in Section 144, Row VWC. They will be distributed the same way, except you will be allowed to purchase up to two (2) games at half price per member. Kansas City area members will have priority for these tickets.

## FY22 Board of Directors

It is once again time to nominate seven Board members and the Office of Vice President, Treasurer, and Secretary. Please take time to nominate people or even yourself for an Officer position or Board member position. There is no nomination form. Simply contact Amber or Chris at the Chapter office with nominations via email at [info@gatewayppva.org](mailto:info@gatewayppva.org) or mail a nomination letter to the office at 1311 Lindbergh Plaza Center, St. Louis, MO 63132. Nominations close at 3pm on April 23, 2021. Election ballots will be mailed out with the May/June edition of the Gazette and must be returned to the Chapter office by 5 pm on June 7, 2021.



# **A message from VA Secretary Denis McDonough**

*via Vantage Point blogs.va.gov*

The U.S. Senate confirmed VA Secretary nominee Denis McDonough Monday, Feb. 8, and he was sworn in today as the eleventh VA secretary.

As I begin my tenure at the Department of Veterans Affairs, I want to take a moment to speak directly to Veterans and other VA stakeholders and share my thoughts on VA's mission and the road ahead.

It is the honor of my lifetime to join the VA workforce in serving Veterans, their families, caregivers and survivors. We live in peace and security today because of the sacrifices of generations of Veterans. My career has afforded me a privilege available to relatively few Americans: to see up close the excellence of our Armed Forces in the field on my regular visits to Afghanistan and Iraq; to witness the strength and resilience of our wounded warriors at Walter Reed; and to experience the unimaginable grief of military families there at Dover when our fallen heroes come home one final time. From that I have a passion to fight relentlessly every day to ensure that VA serves our Veterans as well as they have served America.

Throughout those experiences I've also been deeply impressed by the dedication and excellence of VA employees. I look forward to being a true partner with the men and women of VA – dedicated, highly-skilled professionals, many Veterans themselves – Veterans serving Veterans who deserve our profound respect and support.

At this moment when our country must come together, caring for you – our country's Veterans and your families – is a mission that can unite us all.

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At this moment when our country must come together, caring for you – our country's Veterans and your families – is a mission that can unite us all.

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# Veterans, military, families get answers to COVID-19 vaccine questions

via *VAntage Point*, by Adam Stump, Public Affairs Specialist with VA's Digital Media Engagement team

Veterans and military members received answers to COVID-19 vaccine questions from senior medical and military leaders during a virtual session Feb. 4.

The forum covered a wide variety of questions about the vaccine, including the effectiveness, availability and length of protection.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, started the panel by addressing the sobering statistics. He said COVID-19, which has killed more than 430,000 Americans, is still killing more than 3,000 Americans a day.

“That is the sobering and sad news,” Fauci said. “But, the light at the end of the tunnel is the extraordinary success that we’ve had with the vaccine development program.”

## **Effectiveness**

Fauci said Americans have received more than 32 million vaccines from the two approved, with four more under development. While millions already received the vaccine, he said some still have questions whether to get the vaccine. He noted that the two vaccines from Moderna and Pfizer-BioNTech had more than 74,000 trials. Fauci cited the “extraordinary” 94-95% effective rate, then added that there were no cut corners or safety issues – two facts independently verified by scientists.

“That’s the reason why many of you hear me, every day in the media, saying when your turn comes up, please get vaccinated both for your own safety, for that of your family and that for the American community in general,” he said.

Fauci also answered a question about the length of effectiveness. Because vaccinations are still in the early stages, medical leaders are still gathering data on the effective length.

“We hope it’s longer than a year,” Fauci said.

## **Additional questions**

The doctor also said that those with autoimmune disease often ask if they should receive the vaccine. He said that that’s even “more reason” to receive a vaccine – to prevent serious complications or death.

Fauci then addressed a question about how the messenger RNA vaccine works. Other vaccines put a weakened or inactivated germ into a person’s body. Messenger RNA vaccines teach human cells how to make a protein that triggers an immune response. That immune response produces antibodies.

The RNA decays after a few days and does not enter a person’s DNA. The technology, he said, dates back over a decade.

Air Force Chief Master Sgt. Ramón “CZ” Colón-López said he

recently received his second dose of the vaccine.

“I’m glad to say that I had a sore arm that subsided within a day as the only side effect,” said the senior enlisted advisor to the chairman of the Joint Chiefs of Staff. “I credit much of that with staying healthy and fit.”

## **Veterans receiving vaccine**

Dr. Richard Stone, the acting under secretary for health at the Veterans Health Administration, said receiving a COVID-19 vaccine was a “personal decision.” He advised Veterans to talk to their medical provider at their VA facility.

Stone said the immunocompromised are at a greater risk for COVID-19, including severe complications. He said VA is focusing on high-risk Veterans first.

“We’re prioritizing based on risk,” Stone said. He added that vaccine companies are ramping up production, which will greatly increase the number of Veterans who can receive the vaccine. He said the faster Veterans get vaccines, the faster Veterans can resume normal lives.

“None of us are going to be able to resume our lives and be able to get out and do the things we want to do until we get to the point of 60 or 70% of the American population immunized,” he said.

Stone also highlighted VA’s efforts, which includes administering over one million doses of the COVID-19 vaccine to Veterans and VA health care workers. He also said designated family caregivers of Veterans participating in the Program of Comprehensive Assistance for Family Caregivers can receive COVID-19 testing and vaccinations.

Blue Star Families and the American Red Cross hosted the event. Army Gen. Mark Milley, chairman of the Joint Chiefs of Staff and Army Lt. Gen. Ronald Place, director of the Defense Health Agency, also provided information during the forum.

## **More information**

Read about a new rollout tool that notifies high-risk Vets when to expect their vaccine: <https://blogs.va.gov/VAntage/84122/new-tool-notifies-vets-vaccine/>.

To get the latest updates and sign up to stay informed about COVID-19 vaccines, visit <https://www.va.gov/health-care/covid-19-vaccine/>.

View the VA COVID-19 Vaccination Distribution Plan: <https://www.publichealth.va.gov/docs/n-coronavirus/VHA-COVID-Vaccine-Plan-14Dec2020.pdf>.

Veterans who would like additional information can visit the VA COVID-19 vaccines webpage, visit their local facility’s website or contact their care team.



Gateway Chapter

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