



# Gateway Gazette

September/October 2020

Volume 53 Number 5



**Paralyzed Veterans  
of America**

Gateway Chapter

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

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Gateway Chapter

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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.



# President's Message

by Stanley D. Brown

## Life in the Times of COVID

### Home Generator Grants

### Alton National Cemetery

#### **Life in the Times of COVID**

A little over 30 years ago, I was convinced I was having a heart attack. After playing basketball at the gym during lunch break and gulping down two McDonald's cheeseburgers, I went back to the office and my pulse was racing along with my nauseous feeling. I was driven to the emergency room, grilled incessantly about my use of cocaine (which I wasn't), and released the next day. The next two weeks after numerous tests to include an angiogram, I was pronounced "fine." After an interview of less than 30 minutes, a bespeckled shrink told me I was "suffering" from panic attacks because I hated my job. He prescribed Xanax and said to look for a different job. I quit the job, periodically took the drug, and two months later in another job, I was "cured." I relate this personal history because at times during this pandemic I recognize myself with the same racing pulse and waking in the middle of the night with a feeling of dread. I check my temperature every 30 minutes, and wonder whether my cough is St. Louis allergies, my cigars, or something worse. Over the last two months, I was around two people who later told me they had tested "positive." I self-quarantined 14 days each time, and even with my excessive worry, never displayed symptoms.

In spite of those troublesome days, recently I experienced the most anxious four days I can ever remember. On a Wednesday evening, I felt a little warm in bed and had a temperature of 99. I figured it was because I was not close enough to the ceiling fan. I took some Tylenol Thursday morning; I had an outdoor meeting with Illinois Senator Duckworth and others at an inaccessible veteran's cemetery across the river in Alton, Illinois. We spent some time outside in the sun and I was wearing long pants and dark shirt (picture above).

Once home my temperature was again above 99. Whether it was my mind/ imagination or something else, I wasn't feeling right. I had no shortness of breath but the night before I had experienced diarrhea. In addition, my urine had been darker than usual. My self-diagnosis was being dehydrated, a UTI, or the virus. Amazingly I was able to schedule a drive-through COVID test that afternoon and pick up a UTI antibiotic ordered by the VA SCI nurse practitioner. My aide and I went to the Jefferson Barracks VA, which was on lock down, drove through an outdoor tent test, and I got a most unpleasant nose swab. We then went to the pharmacy and picked up the antibiotic. I was home by 4:30 PM Thursday.

The next four days were as you can imagine - stressful. I started taking the antibiotic and drank copious amounts of liquid. I obsessively took my temperature and it seemed to be okay. I consistently would take large breaths and considering my paralysis, felt reasonably assured. I also anxiously anticipated each bite of food to determine a taste. I tried to somewhat discount my diminished appetite, to the general state of agitation I was feeling. I had taken the test around 4 PM Thursday and was told results would be known in 48-72 hours. Unfortunately, that was part of the weekend but I told myself no calls were actually good news. Meanwhile I was feeling close to normal as you can be in a hot and humid St. Louis summer. I called the VA SCI clinic Monday morning and held my breath as the records were checked. I then heard the response "NEGATIVE" and almost cried. I vowed to take some lessons from the experience, but mostly to just be thankful for the good ending. In hindsight I'm not sure what I would've done differently.

I expect many of you have had similar experiences and ask yourself how you

manage to get through everything. Seek the advice from our SCI/D psychologists and read on page 5, Dr. Alex Alvarez's excellent article. Welcome Dr. Alvarez!

#### **Home Generator Grants**

It is that time of year again to open up our home generator grants. We will award grants in the maximum amount of \$5500. Grants can be applied to a portable generator or go toward an automatic permanent home generator (which will cost more than that grant amount). In either case, portable or permanent home generator, members are required to obtain two bids for the same product or scope of work. If the cost of work exceeds \$5500, the member is responsible for the remaining amount. Please submit both bids by Friday, November 6, 2020.

#### **Alton National Cemetery**

The Alton National Cemetery was originally built on a hillside and covers one half acre. It contains the remains of veterans since the Civil War. The cemetery reached capacity in 1961 and remains closed. It is estimated to have 531 interments. The steep hillside has always presented accessibility problems. In 2009, a ceremonial stage was built on one flat portion but was not made accessible for wheelchairs or persons with mobility impairments. The National Cemetery Administration has denied accessible ramps because of the possibility of grave sites. IMPACT and Gateway have recently made contact with Senator Duckworth and her staff to continue to look for solutions and possible funding of the ramp if the city agrees to its construction after a GPR study. Pictured above is the meeting at the stair access with myself, Senator Duckworth and Kathy Contarino from IMPACT seated and National Cemetery Administration representatives standing.

# **A New Bill Proposes to Add to the Agent Orange Exposure List**

*by Jeremy Lile, National Service Officer*

The exposure to Agent Orange in Vietnam and coastal waters has affected countless soldiers. For many, the health-related issues did not show up until several years later. While some issues and/or illnesses have not officially been recognized, there are currently fourteen conditions the VA presumes to have been caused by Agent Orange exposure.

Those current issues are Chronic B-cell Leukemia, Hodgkin's Disease, Multiple Myeloma, Non-Hodgkin's Lymphoma, Prostate Cancer, Respiratory Cancers, Soft Tissue Sarcomas, AL Amyloidosis, Chloracne, Diabetes Mellitus Type 2, Ischemic Heart Disease, Parkinson's Disease, Early Onset Peripheral Neuropathy, and Porphyria Cutanea Tarda.

However, there is a pending bill to amend title 38 of the United States Code. As part of the Fair Care for Vietnam Veterans Act of 2020 (S. 3444), there are four proposed additions to the Presumptive Agent Orange Conditions.

The bill was introduced to the Senate as part of the 116th Congress in March of 2020. Recent reports suggest about one-third of all U.S. Senators are backing the referendum, which could add four new conditions to the present Agent Orange

conditions list. The new issues being considered are Bladder Cancer, Hypothyroidism, Parkinson's-like tremors, and Hypertension. As of July 22, the Senate passed the amendment with a vote of 94-6.

According to sources, if the bill is signed into law, the provision would expand VA health care and compensation benefits to approximately 22,000 affected veterans. However, the proposal that passed the Senate did not include hypertension. Lawmakers state hypertension is common among the elderly. Plus, it could have added more than two million veterans to VA's ever-growing list of veterans receiving compensation. The more obvious reason is due to money. By including hypertension, it would have added an estimated cost of \$11.2 billion to \$15.2 billion.

There is no indication of when the new additions will officially become law. Once it becomes law, veterans can file an Agent Orange /Blue Water Navy claim for one of the approved issues. Proof of official diagnosis and treatment will be necessary to support a claim. As always, contact your local NSO with any questions or concerns.

## **Low Vitamin D Levels may lead to more serious COVID-19 infections**

*Dr. Stephen Yerkovich, PVA Chief of Medical Services*

There is mounting evidence that people with low levels of Vitamin D face more serious complications and deaths if they contract COVID-19 than people with normal levels. While there hasn't been enough time to complete the studies necessary to determine a causal effect, there is a definite association of low Vitamin D levels and more severe COVID-19 infections. In light of this, many doctors are recommending that their patients start taking Vitamin D supplements and get their levels checked as soon as they are able. This is good advice, especially for the most vulnerable, such as the elderly, overweight, disabled, diabetics, those with pulmonary conditions and people of color. There is no risk in taking vitamin D supplements in the recommended dosages and plenty of advantages for your health.

Most people are aware that vitamin D is necessary for the body to absorb calcium to build strong bones; however, Vitamin D is also vital in promoting optimal health. It is important in boosting the immune system to ward off infections, especially respiratory infections such as bronchitis, pneumonia and sinusitis. Having adequate levels of Vitamin D is also associated with improved wound healing. Low levels of Vitamin D are associated with fatigue, tiredness and depression as well as bone loss and bone pain.

Unfortunately, low Vitamin D levels are very common in the United States today. In fact, 41.6% of adults in the U S are deficient. People of color are especially vulnerable as 69.2% of Hispanics and 82.1% of African Americans have Vitamin D deficiencies. This occurs because melanin inhibits sunlight from converting cholesterol in the skin to Vitamin D. Perhaps not coincidentally, the groups with low Vitamin D levels are the same groups with the most severe COVID-19 disease and suffer the most deaths from the virus.

There are a number of ways to increase your Vitamin D levels:

- Expose your skin to sunlight for 20 to 30 minutes a day between 10am and 3pm
- Eat fortified dairy products, fatty fish, egg yolks and mushrooms
- Take Vitamin D supplements - The Institute of Medicine recommends that it is safe to take up to 4000 IU of Vitamin D per day, but don't take more than that unless prescribed by a doctor because too much Vitamin D can be toxic

It's a good idea to get your Vitamin D level checked to determine the correct dosage for you.

# Coping with COVID-19: A Pandemic of Difficult Emotions

by Alex Alvarez, Ph.D.



I'd like to start off by introducing myself. My name is Alex Alvarez, Ph.D. and I am the new Psychologist in the SCI Service at Jefferson Barracks VA (VA St. Louis Health Care System). I am an Army Veteran and served as an enlisted soldier between 2001 - 2005. I completed my schooling at The University of Florida and Oklahoma State University. Prior to starting in the SCI

Service I worked in an intensive primary care clinic within the St. Louis VA working with veterans with complex medical issues. I completed my fellowship at the VA St. Louis, my residency at the VA Salt Lake City, and have prior experience working at the Tulsa/Muskogee VA Medical Center. It's an honor and a pleasure to have the opportunity to continue serving and helping fellow veterans and I look forward to meeting with and getting to know the veterans that receive services within the SCI Service.

Stress, anxiety, fear, frustration, depression, loneliness, and paranoia are just a few of the emotions that we are all experiencing during times of COVID-19. On any given day we may experience some or all of these emotions. The level of intensity of these emotions ranges from day to day depending on who we are around, what we have to do, what we see on the news, what symptoms we experience, or what worst case scenarios our mind creates. In addition to dealing with these emotions related to our own personal wellbeing, we tend to equally worry, if not worry even more, about the safety and wellbeing of loved ones. The combination of dealing with these emotions concerning ourselves and our loved ones can be overwhelming at times.

Although most of us are taking steps of precaution to avoid the virus, we are often reminded of the reality that we have little control. We are trying to isolate from others, wearing personal protective equipment (e.g., masks), and using social distancing, but yet we are still faced with situations that put us at risk. This is especially true for individuals that require help from others and need the services of caregivers and/or home health aides. These individuals worry about the chances of their caregivers/aids giving them the virus, as well as worrying about what would happen to them if their caregivers/aids contracted the virus and were no longer able to come and provide support. Vulnerable populations and individuals that rely on others for support unfortunately are dealing with much higher rates of emotional burden. It's paramount that these individuals find ways to cope with these difficult emotions, either on their own, through the support of friends or family, or by seeking help from a mental health professional.

It is important to understand that experiencing these emotions during these times of COVID-19 are normal. We continue to live in a state of uncertainty, not knowing who will be affected, how long it will last, or how it will change our lives moving forward. What we see happening around us and the unknown of what

to come naturally elicits stress, worry, and anxiety. Rather than worrying how not to experience these emotions, we instead should accept that these emotions are likely to occur and be focused on either how to continue coping or how to better cope with these emotions. Remember we are all in this together, so here are some ways to cope during COVID-19:

- Place the highest importance on maintaining sleep hygiene, good nutrition, and staying physically active. We must ensure that our basic health needs are being met. Without this, it is difficult to use other coping methods. When experiencing difficult emotions many of us tend to rely on unhealthy habits. Healthy habits and physical activity is good for your body and mind.

- Seek out, as well as provide, comforting social support. This can be done through video, phone, text, or online messaging/ emailing. It is critical that we take the time to share our feelings, as well as listen and support others. Staying connected is good for our mental health and allows us to learn new coping strategies and help others.

- Be kind to yourself. This is a hard time for everyone and everyone is handling it different. Acknowledge your feelings and be understanding that you will likely experience some, many, or all of the emotions previously discussed.

- Don't believe everything you think. Work to control your own thoughts. Focus on what you are grateful for and not on what you wish you could change.

- Reduce stress and anxiety through breathing practices. Taking a few moments to self-regulate can be very helpful. Mindfulness and/or meditation is also helpful. Try the following:
  - o 4-7-8 Breathing: Take a deep slow breath while counting to 4. Hold your breath while mentally counting to 7. Release your breath completely and slowly, while silently counting to 8. Repeat these steps 3 to 7 times until you feel more calm.

- Limit your media exposure. Although it is important and helpful to stay informed, it can be beneficial to limit checking the news to only once or twice a day, particularly from undocumented or potentially unreliable sources. Try to avoid COVID-19 exposure before bedtime.

- If you are coping well during this time, I encourage you to continue using your healthy strategies. However, if you feel that you are not coping well, it is important to talk with someone. I encourage you to reach out to a mental health professional. If you have established mental health services, please reach out to them. If you do not have established mental health services please feel free to contact us in the SCI Service. Please see below for our contact information.

Due to COVID-19 both myself and the other SCI psychologist, Dr. Goedeker, are working full time from home. If you are interested in reaching us please contact the direct SCI number, 314-894-6677, and ask for us. We will get through this together.

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# GATEWAY GI

## General Information

### SEP 2020

*Sep 7-*  
OFFICE CLOSED

*Sep 8 -*  
BOD Meeting  
11:30am via Zoom  
15 pts for non-BOD mbrs

*Sep 17 -*  
Qtrly Mbr Meeting  
1:30pm via Zoom  
15 pts for mbrs

### OCT 2020

*Oct 12-*  
OFFICE CLOSED

*Oct 13-*  
BOD Meeting  
11:30am via Zoom  
15 pts for non-BOD mbrs

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

## Welcome to New Members

George Breeze  
Ronald Edwards  
James Herrs  
Mark Klinkerman  
James McDaniel

## In Memory of

Brian Elliot of Lansing, KS	01/01/2019
Vernon Hammersly of Eldorado, IL	03/29/2019
Joe Sabo of Anna, IL	05/29/2019
James Palmer of Bethel, MO	04/13/2020
Troy Ellis of Florissant, MO	05/27/2020
Silas White, Jr. of Madison, IL	06/07/2020
Darrell Flowers of Las Vegas, NV	06/10/2020
Philip Witte of West Alton, MO	06/19/2020
Glen Lindemann of Florissant, MO	07/01/2020
Carl Keith of St. Joseph, MO	07/24/2020



# What is the Americans with Disabilities Act (ADA)?

## *via the ADA National Network - ADA 30 Year Anniversary*

The Americans with Disabilities Act (ADA) became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA is divided into five titles (or sections) that relate to different areas of public life.

In 2008, the Americans with Disabilities Act Amendments Act (ADAAA) was signed into law and became effective on January 1, 2009. The ADAAA made a number of significant changes to the definition of “disability.” The changes in the definition of disability in the ADAAA apply to all titles of the ADA, including Title I (employment practices of private employers with 15 or more employees, state and local governments, employment agencies, labor unions, agents of the employer and joint management labor committees); Title II (programs and activities of state and local government entities); and Title III (private entities that are considered places of public accommodation).

### ***Title I (Employment)***

#### ***Equal Employment Opportunity for Individuals with Disabilities***

This title is designed to help people with disabilities access the same employment opportunities and benefits available to people without disabilities. Employers must provide reasonable accommodations to qualified applicants or employees. A reasonable accommodation is any modification or adjustment to a job or the work environment that will enable an applicant or employee with a disability to participate in the application process or to perform essential job functions.

This portion of the law is regulated and enforced by the U.S. Equal Employment Opportunity Commission ([link is external](#)). Employers with 15 or more employees must comply with this law. The regulations for Title I define disability, establish guidelines for the reasonable accommodation process, address medical examinations and inquiries, and define “direct threat” when there is significant risk of substantial harm to the health or safety of the individual employee with a disability or others.

### ***Title II (State and Local Government)***

#### ***Nondiscrimination on the Basis of Disability in State and Local Government Services***

Title II of the ADA prohibits discrimination against qualified individuals with disabilities in all programs, activities, and services of public entities. It applies to all state and local governments, their departments and agencies, and any other

instrumentalities or special purpose districts of state or local governments. It clarifies the requirements of section 504 of the Rehabilitation Act of 1973, as amended, for public transportation systems that receive federal financial assistance, and extends coverage to all public entities that provide public transportation, whether or not they receive federal financial assistance. It establishes detailed standards for the operation of public transit systems, including commuter and intercity rail (e.g., AMTRAK).

This title outlines the administrative processes to be followed, including requirements for self-evaluation and planning; requirements for making reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination; architectural barriers to be identified; and the need for effective communication with people with hearing, vision and speech disabilities. This title is regulated and enforced by the U.S. Department of Justice.

### ***Title III (Public Accommodations)***

#### ***Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities***

This title prohibits private places of public accommodation from discriminating against individuals with disabilities. Examples of public accommodations include privately-owned, leased or operated facilities like hotels, restaurants, retail merchants, doctor’s offices, golf courses, private schools, day care centers, health clubs, sports stadiums, movie theaters, and so on. This title sets the minimum standards for accessibility for alterations and new construction of facilities. It also requires public accommodations to remove barriers in existing buildings where it is easy to do so without much difficulty or expense. This title directs businesses to make “reasonable modifications” to their usual ways of doing things when serving people with disabilities. It also requires that they take steps necessary to communicate effectively with customers with vision, hearing, and speech disabilities. This title is regulated and enforced by the U.S. Department of Justice.

### ***Title IV (Telecommunications)***

This title requires telephone and Internet companies to provide a nationwide system of interstate and intrastate telecommunications relay services that allows individuals with hearing and speech disabilities to communicate over the telephone. This title also requires closed captioning of federally funded public service announcements. This title is regulated by the Federal Communication Commission.

### ***Title V (Miscellaneous Provisions)***

The final title contains a variety of provisions relating to the ADA as a whole, including its relationship to other laws, state immunity, its impact on insurance providers and benefits, prohibition against retaliation and coercion, illegal use of drugs, and attorney’s fees. This title also provides a list of certain conditions that are not to be considered as disabilities.

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## Paralyzed Veterans of America

Gateway Chapter

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