

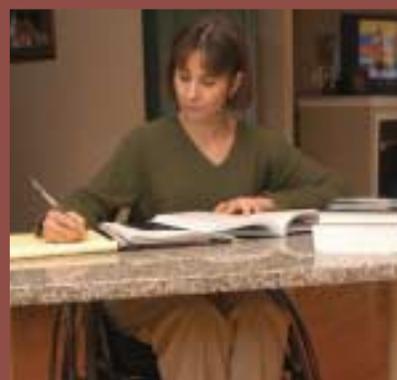


PARALYZED VETERANS OF AMERICA 2003 ANNUAL REPORT

PVA

IMPROVING LIVES

BUILDING FUTURES





PVA OUR MISSION

The Paralyzed Veterans of America, a congressionally chartered veterans service organization founded in 1946, has developed a unique expertise on a wide variety of issues involving the special needs of our members—veterans of the armed forces who have experienced spinal cord injury or dysfunction.

PVA will use that expertise to be the leading advocate for:

- Quality health care for our members,
- Research and education addressing spinal cord injury and dysfunction,
- Benefits available as a result of our members' military service,
- Civil rights and opportunities which maximize the independence of our members.

To enable PVA to continue to honor this commitment, we must recruit and retain members who have the experience, energy, dedication, and passion necessary to manage the organization and ensure adequate resources to sustain the programs essential for PVA to achieve its mission.

PVA LEADERSHIP MESSAGE

IMPROVING LIVES **BUILDING FUTURES**



Joseph L. Fox, Sr.

With every effort we undertake at the Paralyzed Veterans of America (PVA), our priority is to improve the lives of all veterans affected by spinal cord injury or dysfunction (SCI/D). Our programs, services, and publications not only serve our members' immediate health and benefits needs, but also provide assistance throughout their lifetimes.

PVA puts the paralyzed veteran's needs at the forefront of all our initiatives. This annual report describes many of the ways we worked in fiscal year 2003 to improve lives and build futures for our members as well as all people with disabilities.

PVA assesses the circumstances affecting our members with a level of scrutiny well beyond normal standards. From site visits to ensure the highest quality of care in VA SCI centers to research and development of clinical practice guidelines for a variety of specific SCI-related medical conditions, PVA analyzes the most minute details to provide maximum benefit for the individual.

As we take a look at our priorities and accomplishments over the past year, it is clear that in all of our programs we always keep in mind the broader consequences. When PVA takes action on behalf of a member, we know the outcome could have an impact on the lives of many other veterans—as well as the lives of their families. When we work to remove access barriers from such areas as public transportation, we improve

quality of life for all people with disabilities. Our programs reach out and serve people all over the world.

Without the dedication of our national office and field staff, chapter members, and volunteers, we would not be able to accomplish so much on behalf of veterans. They are the foundation through which our mission of service to our members is met year in and year out. Accordingly, each year PVA honors four employees who performed at



the highest level and who exemplify the commitment to our mission and goals. The 2003 recipients were:

- Laurie Cotter, NFD administrative assistant, Victor S. McCoy Award;
- Tammie Latterell, senior benefits advocate, Victor S. McCoy Award;
- Dawn Loyd, legal executive assistant, Exemplary Service Award; and
- Kelly Sanders, office services manager, Exemplary Service Award.

PVA chapters also share in our mission, providing excellent direction and assistance on issues within their own states. We can attribute much of the success of past and future years to the professional and heartfelt efforts of our chapters, who directly affect the lives of PVA members and other veterans and people with disabilities.

We are also grateful for the personal and corporate contributions of our supporters and donors. Without them as part of the team, our PVA family could not accomplish all that we do. Our mutual goal is a shared commitment toward achieving a better tomorrow for our members. We thank them for enabling PVA to continue to honor this commitment.

We sincerely hope that as you read through this report, you will feel a sense of pride and know that PVA has worked hard this past year. We look forward to the work before us this next year and are ever confident in the PVA team to meet any challenge.



Delatorro L. McNeal



A handwritten signature in black ink that reads "Joseph L. Fox Sr.".

Joseph L. Fox, Sr.
National President
Paralyzed Veterans of America

A handwritten signature in black ink that reads "Delatorro L. McNeal".

Delatorro L. McNeal
Executive Director
Paralyzed Veterans of America

PVA VETERANS BENEFITS

IMPROVING LIVES BUILDING FUTURES

If a soldier on active duty abroad sustains a spinal cord injury, he or she is transferred to a military hospital in the United States. In many cases, a service officer from the Paralyzed Veterans of America is one of the first people he or she will see to discuss benefits.

In 2003, PVA provided benefits assistance and counseling to more than 20 soldiers who suffered spinal cord injuries during military operations in Iraq. As of late 2003, one of these soldiers—a young Marine who sustained a C-4 spinal cord injury in May—had not yet been discharged, meaning he was limited to one-third the compensation he should receive as a combat injured veteran.

Obtaining all earned benefits is crucial for this young Marine, who not only has a wife and two children to care for but who now finds himself in need of daily skilled care, accessible housing, and an accessible vehicle. As soon as PVA learned of the situation, we began to coordinate efforts between the Departments of Defense and Veterans Affairs (VA) to assist with his discharge, and we continue to work to ensure that all Iraqi Freedom veterans receive their benefits as soon as possible.

In 2003, PVA filed approximately 20,000 claims and obtained more than \$60 million in earned benefits for veterans. PVA provides assistance to all veterans with spinal cord injuries, whether the injuries were sustained during combat or not. Service officers are the

primary resource for soldiers and veterans with new spinal cord injuries.

Throughout an injured veteran's stay at a VA Spinal Cord Injury (SCI) Center, PVA service officers advocate daily to help a patient get what he or she needs—whether helping to obtain a wheelchair, answering questions about prescription benefits, or resolving other problems. In addition, a benefits counselor works with each veteran during



and long after the initial hospital stay to ensure veterans receive the appropriate amount of compensation or pension. Additional assistance is provided with obtaining education, accessible housing, an adaptive vehicle, vocational rehabilitation and employment, and other ancillary benefits.

Representing 38,000 veterans nationwide and in Puerto Rico, PVA further expanded its presence in 2003. Five new national service offices were established in the Northeast: Buffalo, Manhattan, and the Bronx; Newark; and

Philadelphia. These centers will serve more than 2,000 PVA members. And, in response to the rising veteran population in Nevada (estimated to be nearly a quarter million), PVA opened a national service office in Las Vegas.

The PVA Medical Services program conducted 21 site visits at VA Spinal Cord Injury Centers in 2003. The site team is composed of a physician, nurse, field advisory member, and a senior benefits advocate. These professional oversight visits play a key role in monitoring the quality of care received by veterans with spinal cord injury and allow PVA to provide important input on policy guidelines for SCI care. The site teams have also begun to review SCI outpatient clinics to ensure continuity of care.

In non-VA hospitals, private rehabilitation centers, and other institutions across the country, PVA service officers raise awareness about VA services available to spinal cord injured veterans. Veterans who have been out of the military for several years may not automatically think of a veterans service organization as a resource, and PVA's presence in these medical facilities ensures that patients get what they need. PVA service officers also consult with social workers, nurses, doctors, physical therapists, and others in the community to identify spinal cord injured veterans and make sure they are aware of the benefits and services available to them.

“I didn’t know what I was supposed to do...(PVA) explained everything I needed to do to make sure I got my benefits and helped me get started with my rehab.”

Kaney O’Neill was lying in a bed in a VA Spinal Cord Injury Center four years ago when she first learned about the Paralyzed Veterans of America.

“I didn’t even know they existed until someone from PVA came into my room to talk to me about how they could help me,” she said.

Ms. O’Neill was serving in the Navy when she was injured in an accident during a hurricane. She sustained a C-5/C-6 spinal cord injury, resulting in paralysis from the chest down. She was 21 years old.

“I didn’t know what I was supposed to do,” said Ms. O’Neill, who lives in the Chicago suburb of Des Plaines, Illinois. “PVA made sure I got all the right paperwork and showed me where to send it. They explained everything I needed to do to make sure I got my benefits and helped me get started with my rehab. They were a wonderful resource.”

Beyond the practical advice and guidance, PVA gave Ms. O’Neill hope.

“They tried to get me involved in activities,” she said. “They took me to different events and encouraged me to get involved in games, like obstacle courses and bowling and things like that.

“Just meeting people who are doing all different things, people who know what you’re going through, helped me. They really were an inspiration for me to

do whatever I can do and contribute and give to others. Just seeing how much they care and the lengths they are willing to go to help their fellow veterans was inspiring.”

Ms. O’Neill would like to become a teacher. She’s attending Northwestern University, where she has two more years to go to earn her bachelor’s

degree. She loves spending time with children. In fact, for the past couple of years, she has visited local schools to talk to students about living with disabilities.

“They tend to ask questions about my chair, which they see as a cool piece of robotics,” she said.

But one question resonated with her so much it inspired her to write a book. Ms. O’Neill recalled: “During one of my talks to a group of kids, one child asked me what I wanted to be. I said ‘a teacher.’ And he said, ‘You can’t be a

teacher—you’re in a wheelchair.’ ” So she wrote and self-published a children’s book about accepting people with disabilities, and she takes copies with her when she speaks to schoolchildren.

“It’s about reaching for the stars and going for your dreams,” she said. “I want them to know that no dream is too big, no matter who you are or what your situation. That’s what I’ve learned.”



National Legislation Program

With American troops in Iraq and Afghanistan and casualties mounting, PVA's Legislation program has a heightened responsibility to protect the benefits for these service personnel as well as all who have served before them. The Legislation program represents the needs of all veterans with spinal cord injury or dysfunction and makes certain the veteran's voice is heard on Capitol Hill.

Each year the Legislation program wages the battle of the budget. For 17 years, PVA has worked in concert with AMVETS, the Disabled American Veterans, and the Veterans of Foreign Wars in publishing an annual comprehensive review of the funding and policy needs of the Department of Veterans Affairs. This review, *The Independent Budget*, is widely circulated and quoted on Capitol Hill during the annual budget and appropriations process.

VA health care, unlike an entitlement like Medicare that is paid for automatically, must be funded from an annual discretionary appropriation that can go up one year and down the next.

Because of insufficient funding in the 2003 appropriation, early in the year the Secretary of Veterans Affairs was forced to terminate enrollment in one of the fastest-growing categories in the VA health-care system. At that same time there were 300,000 veterans waiting six months or longer just to see a doctor for the first time—again the reason was insufficient funding.

The administration's proposed fiscal year 2004 VA appropriation was \$1.8 billion below the level recommended by PVA and *The Independent Budget*. The Senate restored \$1.3 billion of the increase, placing it in the supplemental appropriation for the Iraq war. Though critics claimed veterans' health care had nothing to do with the Iraq war, PVA asserted that veterans' health care had everything to do with the service and sacrifice that is happening there.

In 2003, the Legislation program also worked to correct a 19th-century law requiring career military personnel who retire with a disability after 20 years of service to have their retirement pay offset by the amount of disability compensation they receive from VA. Advocates have been trying for years to advance legislation that would change the law but have been blocked by Congress and many administrations. Despite opposition, the proposal seemed likely to garner enough political support for passage in 2003. As the legislation progressed with the full support of PVA and other

veterans' organizations, negotiators in the House of Representatives unexpectedly brought forward a proposal to pass the bill but to pay for it by changing the definition of disability for all future veterans. Under this change, up to 65 percent of future armed forces personnel who would be eligible under current law would be denied eligibility for service-connected disability benefits.

PVA protested loudly to Congress, pointing out how clearly unfair it was to provide a new benefit to certain veterans and to pay for it by denying benefits to millions of veterans in the future. PVA and the other veterans service organizations were successful in derailing this "bad trade." The congressional negotiators went back the table, where a compromise version was worked out that does not require having one veteran pay for another's benefits.

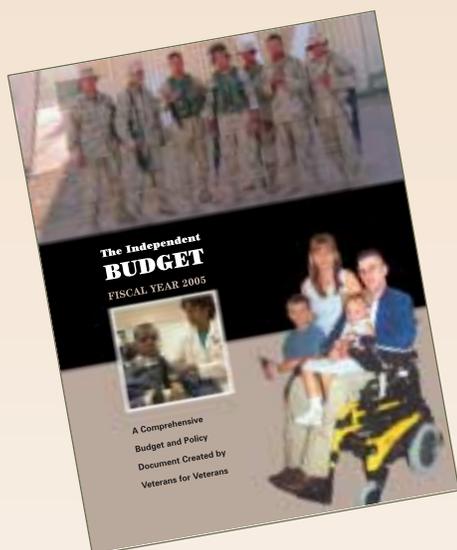
These two examples represent the battles PVA's Legislation program fights daily to improve veterans' lives and ensure the future of veterans' programs.

National Advocacy Program

A curb does not care if a person with a disability is a veteran or not. Thus when PVA's National Advocacy program staff take action, they act on behalf of all people with disabilities.

PVA's National Advocacy program follows this big picture approach when working to make sure the laws and policies of the United States enable rather than create barriers for people with disabilities. In 2003, PVA focused attention on a number of issues that affect daily living, including funding for

Continued on page 8



“If it wasn’t for (PVA), the case still might be sitting there, pending. Without PVA, the whole thing would probably never have been settled.”

Aldo Sartor might still be living a bureaucratic nightmare if it were not for PVA.

In early 1993, Mr. Sartor, an Army veteran and paraplegic, and his wife bought a newly built condominium in Oceanside, California, with plans to retire there. Because Mr. Sartor uses a wheelchair, the couple made sure he would have easy access in and out of the condominium and the garage.

But after the Sartors moved in, the homeowner’s association installed a gate in the condominium garage and refused to remove it, despite repeated requests from the Sartors. The couple was concerned because the gate would impede Mr. Sartor’s exit if he were caught in the garage in an emergency evacuation.

The couple moved out of the condominium in November 1993, after filing a fair housing complaint with the local Housing and Urban Development (HUD) office. HUD officials inspected the property, interviewed the Sartors, and met with the building’s homeowner’s association directors. They determined the case had merit and forwarded it to the HUD fair housing office in Washington, DC.

There the case sat for six years while the Sartors continued to pay the mortgage and homeowner’s association dues on the condo. During that time, the Sartors made repeated inquiries about their case and were repeatedly assured by HUD that it was looking into the case and that they would have a response “soon.”



In February 2000, the Sartors sold the condo, relinquishing all hope of ever moving back to their planned retirement home. “It was so frustrating,” Mr. Sartor, now 75, said. “I kept calling (HUD), and every time they would give me a different excuse. But they kept saying that they were going to get to our case.”

Mr. Sartor contacted PVA in March 2000 for assistance resolving his case. After several months of inquiries by PVA Advocacy staff, the Sartor case was pulled from the files and referred back to HUD’s regional office in San Francisco for disposition. PVA continued its advocacy efforts with that office. Finally, in mid-2003, after more than two years of legal wrangling, Mr. Sartor received \$60,000 from the homeowner’s association in a pretrial settlement of the case.

“Part of me wanted to go to trial,” he said. “But the attorneys from PVA explained that the case could go on another three or four years. I had had a heart attack, and my wife had passed away. This thing had gone on so long, I just wanted it to be done.

“I’m very grateful for the assistance I received from PVA,” he said. “If it wasn’t for them, the case still might be sitting there, pending. They made sure the case got the proper attention. Without PVA, the whole thing would probably never have been settled. I’m pleased with the results.”

IMPROVING LIVES BUILDING FUTURES

improvements in public transportation, voting access, and Medicare reform.

The Federal Transportation Efficiency Act, which was in the reauthorization process this year, includes funding for all public and some private transportation as well as highways and pedestrian rights of way. For example, curb cuts or ramps, wide level sidewalks, and crosswalks that allow sufficient time to cross may all be constructed with Federal Highway funds. PVA worked on Capitol Hill to ensure that lawmakers understood the importance of requiring accessibility in those funding sections. People with disabilities rely too strongly on public transportation for there to be any uncertainty about funding sources, so PVA also pushed for increased funding for accessible urban and rural transportation programs.

The National Advocacy program serves as a watchdog on government proposals as well. PVA supports the Bush administration's New Freedom Initiative. This initiative proposes competitive grants to provide additional and innovative transportation services for people with disabilities. PVA has advocated that accessibility for people with disabilities be *integrated* into all public transportation. For the New Freedom Initiative, PVA proposed the language in the bill to ensure that transportation programs that go beyond the requirements of the Americans with Disabilities Act are eligible. For instance, PVA would like to see this money used to assist in the availability of accessible taxis, volunteer driver programs, or service in rural areas where no public transportation is available. PVA's Advocacy staff also sought increased funding to achieve



Accessible voting

uniform accessibility for people with disabilities at voting precincts nationwide. The Help America Vote Act, enacted in 2002, calls for just \$50 million to improve accessibility over a five-year period. PVA is calling for a much larger appropriation to ensure that the voting rights of people with disabilities are upheld.

Two issues in Medicare reform took precedence in 2003. PVA helped bring about passage of the David Jayne provision, which allows people with disabilities to work and continue to receive Medicare benefits. In addition, PVA pushed for a provision that would ensure that all four FDA-approved injected therapies for multiple sclerosis would be covered for Medicare home health-care beneficiaries.

National Health Analysis Program

America's Department of Veterans Affairs, Medicare, and Medicaid programs are experiencing dramatic change as medical costs spiral upward. PVA's Health Analysis program compiles and evaluates health-related data and information and uses the findings to support PVA's legislative and advocacy goals.

The program evaluates veterans' use of VA health care to determine needed resources and incorporates the findings into *The Independent Budget* for use in PVA's efforts before Congress. Health Analysis staff also focus on delivery of quality VA health care as well as Medicare and Medicaid program matters that are important to PVA members and other people with disabilities.

As PVA's members grow older, the many aspects of long-term care are of increasing interest for the Health Analysis program. The unique combination of aging and catastrophic disability has only recently received study and consideration by policy makers. Health Analysis staff work with the public and private sectors to facilitate positive changes to long-term care services, such as assisted living and home and community-based care, to ensure veterans and others with spinal cord dysfunction have a full array of options to meet their needs.

PVA's Health Analysis program is critical to understanding America's evolving health-care systems. Accurate analysis of the trends in medical treatment is essential to the development of sound PVA health policy.

In the 22 years since she began volunteering,
Ms. Sharp has put in more than 18,000 hours.

Grace Sharp began her career as an Army nurse during World War II, serving four years in a military hospital in England. After the war Ms. Sharp returned to the United States and worked as a nurse at Veterans Administration hospitals for 35 years.

Much of her nursing career was spent at McGuire VA Medical Center (VAMC) in Richmond, Virginia, where she specialized in caring for patients with spinal cord injuries. In early 1982, Ms. Sharp retired, but the very next day, she began volunteering at the McGuire VAMC—and she never stopped. In the 22 years since she began volunteering, Ms. Sharp has put in more than 18,000 hours.



On June 11, 2003, the PVA Virginia–Mid-Atlantic Chapter paid special tribute to Ms. Sharp to honor her many years of providing care, comfort, and compassion to thousands of veterans.

“She is truly amazing,” said Anne McKenney, the chapter’s government relations director. “She has a special place in her heart for spinal cord injury patients. She is so enthusiastic and motivating; she can get patients to do things no one else can.”

Charlie Hayden, chapter sports and recreation coordinator, knows first-hand about Ms. Sharp’s effect on patients. Hayden, a paratrooper in Vietnam, first met Ms. Sharp when he was a spinal cord injury patient at McGuire VAMC in 1966.

“She was still working as a nurse then. She was one of the first people I met when I got to the VA Medical Center,” Mr. Hayden said. “She tended to me every day. She would change the dressing on my wound. And she would go to the canteen to get me things. She even came out to visit me at my home after I was discharged.”

“She has a special place
in her heart for
spinal cord injury patients.”

And though she is getting older, Ms. Sharp continues to volunteer at McGuire as often as possible. Medical center staff recently discovered that she has been buying postage stamps for all the patients she visits to make sure they can stay in touch with far-away family and friends.

“She’s been doing it for years and years, with her own money, and we never knew it,” Ms. McKenney said. “She is such a warm, generous lady. She always finds time to get to each and every patient, and if she knows she won’t be able to make it on one of her regular days, she makes sure ahead of time that someone can fulfill her duties.

“As far as she is concerned, the patients on the SCI ward are her boys. She is completely dedicated to them.”

IMPROVING LIVES BUILDING FUTURES

Most architects don't have to contend with such things as how brushing one's teeth will affect design. But PVA architects spend considerable time researching all details of spinal cord injury (SCI) patient activities in order to optimize the design of SCI centers for the Department of Veterans Affairs. PVA's Architecture staff understand that such design details are critical for the thousands of veterans who receive treatment and testing at VA SCI centers.

A spinal cord injured patient typically spends three to six months at an SCI center. Whether in a wheelchair or on a gurney, these patients need to be able to maneuver in and around the room, the bathroom, and the corridors—not only to conduct daily activities, but also to engender a sense of independence they will need after leaving the center. Whether designing a new or renovating an existing SCI center, PVA architects ensure that such specifications are met.

PVA evaluates the plans and determines the accessibility needs that must be included in all VA construction projects related to SCI centers. In 2003, PVA led the planning for the Hines Spinal Cord Injury Center in suburban Chicago and the renovation of the SCI center in Augusta, Georgia (see sidebar).

The Hines SCI Center broke ground in July 2003 and is scheduled for completion in late 2004. Working closely with the architects and engineers in charge of the project, PVA architects made significant changes to building plans to ensure utmost considerations were given for patient comfort and access. For example, in the original design, anyone going to the main hospital would enter through the spinal cord



Cesar Pelli receiving the Barrier-Free America Award

injury center, destroying all privacy for SCI patients. Under revised plans, the spinal cord injury center remains adjacent to the main hospital, but the SCI wing will have its own entrance. When completed, the Hines SCI Center will serve more than 600 area veterans.

PVA architects also promote the adoption of appropriate and uniform accessibility standards and codes as part of ongoing work with the American National Standards Institute (ANSI). PVA contributes to these standards with its significant breadth and depth of expertise on how to create better accessible living and working environments. As one example, PVA had substantial input into new ANSI standards strengthening building code regulations, which will be adopted by the majority of states and local jurisdictions.

PVA's Architecture staff also help educate consumers by writing regular feature articles on accessibility issues for *PN/Paraplegia News*, which reaches more than 100,000 readers monthly.

our ongoing and specialized research efforts on wheelchair users with a variety of abilities.

PVA also honors others who have made significant contributions to accessibility through architecture with the annual Barrier-Free America Award. In 2003, world-renowned architect Cesar Pelli received the award for his design of a new terminal at Ronald Reagan Washington National Airport. Improvements include wheelchair accessible terminal entrances and drop-off areas, direct access from garages or the subway to the terminal, and ticket counters with a lowered writing surface.

By recognizing individuals like Pelli who are making great strides in designing accessible public facilities, PVA's Architecture program further advances awareness of accessibility issues and the need for architects, engineers, and builders nationwide to follow the PVA example: to exceed basic requirements to improve the lives of people with disabilities now and in years to come.



PVA provides general knowledge on improving one's household as well as accessibility features in different building types—all based on

Drawing from vast experience consulting on SCI centers, PVA stressed some very specific adaptations that needed to be made for access as well as safety.

The **VA Spinal Cord Injury Center** in Augusta, Georgia, is at any given time treating more than 1,000 SCI patients from across the southeastern United States. It's not unusual for 60 or more patients to be seen in one day, in a combination of inpatient beds and the outpatient clinic. The clinic's outpatient volume has more than doubled in the past five years.

Long overdue for major reconstruction, officials contacted PVA as soon as they received approval in 1999 to proceed. PVA architects provided input immediately and worked closely with our local chapter and the architects, designers, and engineers.

Phase One, a new wing with 48 inpatient beds, was completed in October 2003. Every room in this wing is more than twice the size of the former inpatient rooms, and all have private bathrooms large enough to comfortably accommodate wheelchairs or gurneys.

Center officials originally planned to tackle the renovation of the outpatient clinic and the rehabilitation gym first. "(PVA architects) helped us look at the big picture and figure out what our goals were and how we could best accomplish them," said Helen Bosshart, the center's clinical coordinator for spinal cord injury. "(They) helped us see that it would be much more efficient and less disruptive to ongoing care to build the new inpatient unit first."

Drawing from vast experience consulting on SCI centers, PVA stressed some very specific adaptations that needed to be made for access as well as safety. For example, hallways must remain clear for patients and staff. PVA endorsed a floor plan that

incorporated equipment alcoves, or expanded sections of hallways where wheelchairs, gurneys, or other equipment can be placed to avoid impeding hallway traffic.

PVA architects continue to collaborate on Phase Two of the Augusta project. Twelve additional inpatient beds will be added, the outpatient clinic will be renovated, 12 outpatient exam rooms will be added, and the rehabilitation gym will triple in size.

"This really has been a complementary process," said Ms. Bosshart. "The PVA architects have worked hand-in-hand with the people from the local chapter and with all of us at the spinal cord injury center to make sure the design works. This reconstruction is helping to enable us to treat our patients with as much dignity and care as possible."



Equipment alcoves at VA Spinal Cord Injury Center in Augusta, Georgia

PVA RESEARCH, EDUCATION, & PRACTICE GUIDELINES

IMPROVING LIVES BUILDING FUTURES

For five decades the Paralyzed Veterans of America has supported new investigators and funded cutting-edge research in the basic sciences, clinical applications, and technologies to improve the lives of people with spinal cord injury or disease. PVA Research seeks not only to advance discovery, but also to share the results of that research to help those who have spinal cord dysfunction (SCD), including multiple sclerosis (MS). PVA's Research program develops practical, accessible information about SCD and gets it to the people who need it most—consumers and professionals.

Since 1995, PVA has published evidence-based clinical practice guidelines and companion consumer guides on various aspects of SCD care. A 2003 publicity campaign called “Get the Guides” reached out to more than 50,000 health-care professionals who may lack specialized training in spinal cord medicine, as well as to consumers and their families.

Also in 2003, PVA Research added Spanish editions of two clinical practice guidelines, as well as a Spanish edition of *Yes, You Can!* to its inventory. Requests for translation into Portuguese and the Bosnian language were also granted.

The PVA Spinal Cord Research Foundation received 48 new applications and funded 12 totaling \$747,082. It also approved five continuation proposals amounting to \$352,290. The funded projects explored such diverse aspects of SCD as chronic pain, shoulder pain, robotic-assisted treadmill training, axon regeneration, gene therapy, and botulinum toxins in multiple sclerosis.

The PVA Spinal Cord Injury Education and Training Foundation received 11 requests for new funding applications and funded 6, totaling \$134,267, plus 2 continuation proposals for \$56,533. The approved proposals included fatigue management in MS, SCD nutrition edu-

cation, SCD medicine fellowships, professional conferences, alternative therapies, and a study on the factors that lead to successful coping with SCD.

In total, the two foundations awarded nearly \$1.3 million in grant support in fiscal year 2003.

The Consortium for Spinal Cord Medicine, funded and administered by PVA, worked to develop three new clinical practice guidelines topics in 2003: respiratory management, preservation of upper extremities, and bladder management. In April, the federal Agency for Healthcare Research and Quality accepted the consortium's nomination of “Sexuality and Reproductive Health Following Spinal Cord Injury” as a topic for future methodological study.

PVA Research continued its support of the PVA/EPVA Center for Neuroscience and Regeneration Research at Yale University with a \$200,000 grant in 2003. We also collaborated with the National Endowment for Financial Education and the National Spinal Cord Injury Association to produce *On the Move: A Financial Guide for People with Spinal Cord Injury*.

Through an emphasis on “finding and sharing,” PVA's research program steadfastly demonstrates its determination to advance scientific knowledge and spread new information to benefit individuals with SCD and the professionals who seek to help them.



“Scientists at the PVA/EPVA Center know more about (axonal death) than any other group in the world... but we need to learn more.”

Lee Smith was diagnosed with multiple sclerosis (MS) in 1986, 26 years after he began showing symptoms while in the Army. Ten years later his condition had deteriorated so much that he required a wheelchair.

MS begins as a “relapsing and remitting” condition in many people. For example, someone may lose sight temporarily. Although doctors didn’t make these distinctions for Mr. Smith in 1986, his original symptoms did remit.

But sometimes functions do not return. With PVA Research program support, Stephen G. Waxman, M.D., Ph.D., director of the PVA/EPVA Center for Neuroscience and Regeneration Research at Yale University, has been looking at what causes function to return. His team is hoping to recreate “remissions”—the resurgence of function in chronic MS. “Our lab showed how remissions occur,” Dr. Waxman said. “Now we are trying to induce remissions.”

The PVA/EPVA Center has learned that when nerve cells (axons) lose their myelin, there is first a loss of function. But, as a result of the production of new sodium channels, which act as molecular batteries to boost the transmission of nerve impulses, symptoms can be reversed and thus remissions can take place. Axonal death causes nonremitting, permanent loss of function. The center has been looking for the causes of axonal death and how to prevent it.



Center researchers have found that axons are sometimes bruised and will then die within 48 hours. If drugs are used to block these reactions, axonal death can be prevented. This idea has been tested by Dr. Waxman’s team using an animal model, and they have shown that blocking reactions does improve outcome. “Scientists at the PVA/EPVA Center know more about this than any other group in the world,” Dr. Waxman said, “but we need to learn more—we want to be able to prevent axonal death, thus preventing the development of disability in people with MS.” The center’s research team is now preparing for a human clinical trial.

For Lee Smith, who retired prematurely in 1990 due to his illness, PVA’s role as a funder of research is vital to his future. “MS takes a toll on the entire family,” he said. “It is very important that PVA fund research like this; I’d love to walk again.” As a PVA member and a donor, Mr. Smith is helping to make sure Dr. Waxman’s work continues.

Yearly, PVA members like Mr. Smith visit Yale to meet the researchers. “PVA financial support of our work is vital,” Dr. Waxman said. “But PVA visits are also important because they make our work less abstract. There is nothing like a person in a wheelchair sitting next to a scientist and asking questions; it reinforces our mission and how important the work is. PVA is a silent partner saying ‘keep going, keep going.’ ”

IMPROVING LIVES BUILDING FUTURES

The *Federal Register*, published every weekday, is the official publication for rules, proposed rules, and notices of other actions by federal agencies. Printed in tiny, headache-inducing type, the *Federal Register* is decidedly reader unfriendly. But for veterans, however, it may be the most important document the federal government issues, and it is required reading in the PVA Office of the General Counsel. PVA staff attorneys carefully track how regulations implement the laws affecting veterans and, when necessary, go to court to protect their rights.

One example was a case involving a law that requires VA to assist a veteran in gathering evidence to support a claim if the veteran makes certain contentions. PVA determined that the implementing regulations actually limited veterans' rights by restricting certain beneficial parts of the law.

The law requires that if more information is needed by VA to decide a veteran's claim, VA is required to tell the veteran what evidence he or she needs to have the claim approved. The law also gives the veteran one year to submit the additional evidence. But the proposed regulation gave veterans only 30 days to submit the required evidence.

PVA and other veterans' organizations appealed, and the appellate court



struck down the 30-day requirement and restored the one-year deadline.

On average, about 2,500 cases go before the Court of Appeals for Veterans Claims (CAVC) in a year, but there are only about 100 lawyers in the United States working full time on veterans' law. The year 2003 marked the 10th anniversary of the Veterans Consortium Pro Bono Program, an alliance of four veterans service organizations, including PVA, that represent veterans before the U.S. Court of Appeals for Veterans Claims. Since its inception, the consortium has screened more than 5,000 requests from veterans or their survivors for assistance and has provided a free lawyer in 2,000 cases.

In addition, the consortium also has recruited and trained more than 2,000 volunteer lawyers in veterans' law and the procedures of the CAVC. More than 1,800 lawyers and paralegal representa-

tives have taken its training classes. These actions have resulted in a significant increase in the number of appeals that can be handled each year and the number of professionals with the experience needed to handle them.

PVA took additional steps in 2003 to raise the profile of veterans' law and ensure veterans have greater access to qualified representation. PVA produced a video that encourages law school students to consider a career in veterans' law. Distributed to law schools nationwide, "Making a Difference—Careers in Veterans Law" describes many of the difficulties veterans can encounter when trying to obtain much-needed benefits and shows law students the difference they can make in the lives of our nation's veterans.

In addition, PVA lawyer Linda Blauhut continues to educate law students at Catholic University in Washington, DC. Catholic University's Columbus School of Law has pioneered teaching veterans' law, and Blauhut's specialized class explores both the history of veterans' law and current legal trends. She also gives students a look at the opportunities to serve veterans after they graduate by bringing guest speakers to the course to present information on careers in veterans' law and pro bono representation.

Because of the CAVC's decision,
Michelle now has a good chance of receiving the
spina bifida disability benefits she seeks and needs.

Michelle Jones was born on June 6, 1986, with occipital encephalocele (OE), a hernia of the brain through a defect in the lower skull.

Michelle's father, Charles Jones, is a Navy veteran who was awarded three Purple Heart medals for his service in Vietnam from 1965 through 1971.

When Michelle was born, both her neonatologist and pediatric neurosurgeon classified her condition as a variety of spina bifida in the superior part of the spine. Spina bifida in children has been found to be associated with a parent's exposure to Agent Orange, a chemical used by the military in the Vietnam War.

In early 1998, when Michelle was 11 years old, the Joneses applied to VA for their daughter's benefits as provided by the Agent Orange Benefits Act of 1996. Being awarded benefits will give the Jones family the assurance that Michelle will receive the lifelong care she needs. But the VA Regional Office turned down the Jones family's application for benefits.

On appeal, six doctors testified that OE is indeed a type of spina bifida. In fact, VA's own chief of public health wrote that Michelle's condition was within the scope of the Agent Orange legislation. Nevertheless, in 1999, based on an opinion issued by VA

general counsel, the Board of Veterans' Appeals (BVA) rejected Michelle's claim. Then PVA entered the picture.

The Joneses appealed to the Court of Appeals for Veterans Claims (CAVC). The case was accepted by the Veterans Consortium Pro Bono Program and was assigned to Michael P. Horan of PVA.



Mr. Horan argued that the VA general counsel had failed to consider the statutory language that “all forms and manifestations” of spina bifida were to be covered by the act and that the clear intent of the legislation was to provide for children like Michelle Jones—essentially contending that the basis for the denial was wrong.

In addition, Mr. Horan argued that the Supreme Court had previously ruled that in cases where there is interpretive doubt regarding legislation, VA must rule in favor of veterans.

In August 2002, the CAVC vacated the BVA's decision and effectively overruled the VA general counsel, remanding the case to VA for further consideration. Because of the CAVC's decision, which corrects VA's mistaken interpretation of the law, Michelle now has a good chance of receiving the spina bifida disability benefits she seeks and needs. PVA will continue to work hard on her behalf.

PVA SPORTS & RECREATION

IMPROVING LIVES BUILDING FUTURES

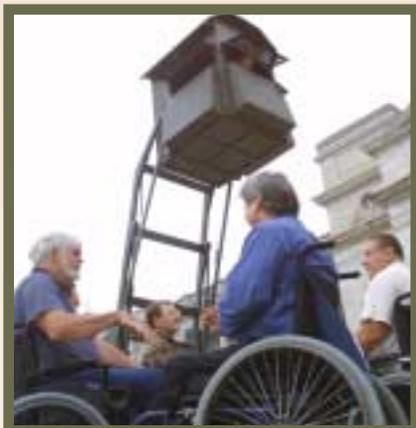
PVA's Sports and Recreation program is built around three key elements. The first is the National Veterans Wheelchair Games. Co-presented by PVA and the Department of Veterans Affairs, the Games introduce veterans to a wide range of competitive sports. More than 500 athletes and coaches participate each year, making the Games the largest annual wheelchair sporting event in the United States. Sixteen sporting events—including track, quad rugby, swimming, and archery—provide the athletes the opportunity to demonstrate their competitive skills and remain involved in athletic activities.

The Games and other PVA-sponsored events also help raise public awareness of the challenges confronting all people with disabilities. PVA sporting events also promote acceptance by the public of those with disabilities.

Recreational boating and fishing represent the second component of PVA's Sports program. The hallmark event of the Boating and Fishing program is the PVA Bass Tour, a B.A.S.S. sanctioned event, through which PVA chapters across the country host fishing tournaments.

The 2nd Annual PVA Grand National Championship brought together anglers who qualified for the championship by their performance in PVA's Bass Tour. The winner of the Grand National earns a coveted spot in the B.A.S.S. Federation Championship (see sidebar).

PVA's Shooting Sports program provides a broad spectrum of activities, ranging from recreational and competi-



tive shooting conducted through PVA chapters to big game hunts. The main component of the Shooting Sports program is the PVA National Trapshoot Circuit, which consists of eight trapshoots held across the country.

Through our outdoor sports development program, PVA provides adaptive outdoor sports equipment to military installations and state and federal wildlife agencies. From pontoon boats to elevating stands, PVA donates adaptive equipment that provides a critical bridge between accessibility and participation in outdoor sports for those with disabilities. PVA is the only organization in the nation to undertake this effort.

For the third consecutive year Anheuser-Busch has supported the PVA Sports program with a check for \$100,000. Anheuser-Busch also provided PVA with additional funding to purchase seven more Huntmasters, which were donated to military bases in six states. A Huntmaster is a wheelchair-accessible enclosed compartment that elevates to 20 feet. It allows a mobility-impaired individual to safely participate in outdoor recreational activities, such as hunting and wildlife viewing. And having added its first national spokesperson for the Outdoor Sports program, country music singer Aaron Tippin, PVA will be able to raise awareness and increase outdoor sports opportunities for all Americans with disabilities.

PVA's Sports and Recreation program exemplifies how the medium of sports can effectively help people with disabilities get back into the mainstream of life.

“It was an amazing feeling.
I competed on the same level as able-bodied
elite competitors and I held my own.”

Jimmy Lankford found hope and motivation when he needed it most from the Paralyzed Veterans of America.

Mr. Lankford grew up fishing. But he suffered a T-12/L-1 spinal injury in 1983, resulting in paraplegia. He was 25 years old.

For several years after his injury, he did not attempt to fish. Then in 1992 he met a man with similar disabilities who fished on a regular basis. The man mentioned an upcoming PVA bass tournament.

“It was just what I needed to hear,” Mr. Lankford said. “The idea of entering a tournament got me excited about fishing again.”

He was determined to participate in the PVA tournament, his first experience in competitive fishing. “I was so nervous, I could hardly even cast my rod. I didn’t do very good in that one,” he said, laughing. Still, he relished the experience. “Fishing with other people with disabilities was so motivating. PVA gave me that opportunity.”

In 1995, Mr. Lankford won his first PVA tournament. “It was such a high—it made me want to do more,” he said.

If not for PVA, Mr. Lankford said, he would not have the motivation to challenge himself in the sport of fishing. And competing in PVA tournaments seems to have helped him improve his abilities.

In February the 46-year-old Tennessee resident won the 2003 PVA Grand National Championship,

the premier national bass fishing championship for people with disabilities. The competition included 34 other anglers from across the nation. He won on the final day, after the field had been narrowed to the top five.

“I just felt a rush of adrenaline when I realized I was going to win,” he said. “I fish 175 to 200 days a year. I love fishing. It’s a big part of my life. So this was really a dream come true.”

PVA enabled him to live that dream, he said.

Mr. Lankford’s Grand National Championship qualified him for the CITGO B.A.S.S. Federation Championship, making him the only wheelchair angler to compete at that tournament, which included 54 of the world’s elite amateur anglers.

“It was a major statement for the disability community,” he said. “I competed on the same level as the world’s top amateurs in the sport.”

The Federation Championship took place May 12–17, 2003, on Lake Tuscaloosa in Tuscaloosa, Alabama. On the third day, when Mr. Lankford was in 11th place, ESPN put a camera crew in his boat. “I found out later that the ESPN broadcasters emphasized that they weren’t focusing on me because I was disabled but because I was doing well in the tournament,” he said.

He finished in 14th place. “It was an amazing feeling. I competed on the same level as able-bodied elite competitors and I held my own.”



PVA AWARENESS WEEK

IMPROVING LIVES BUILDING FUTURES

As part of PVA Awareness Week 2003, PVA chapters, the national office, and our service offices opened our doors to raise awareness about the many ways PVA is making a difference in the lives of paralyzed veterans and all people with disabilities. More than 220 events were held across the country in 38 states; Washington, DC; and Puerto Rico.

During the celebration April 13–19, scheduled to commemorate the organization’s founding, PVA held open houses and awards banquets, led outreach efforts at baseball games and local schools, sponsored bass fishing and bowling tournaments, and garnered broad awareness through gubernatorial and mayoral proclamations across the country. PVA educated people of all ages, from school children to elected officials, about the importance of our mission and the work we do.

National office activities included an open house that showcased the work of many of PVA’s national programs, such as research and its role in the development of clinical practice guidelines, and highlighted critical issues, such as accessible voting.



The photos on this page and the next illustrate some of the events hosted by the national office, chapters, and national service offices across the country during PVA Awareness Week.



PVA COMMUNICATION

IMPROVING LIVES BUILDING FUTURES

The PVA Communication program develops and distributes PVA messages and information relevant to our members and the veterans' community at large and raises awareness of PVA and its programs.

In 2003, PVA produced two sets of public service announcements (PSAs) that were distributed to 600 television stations; 2,500 radio stations; and more than 100 newspapers, magazines, and web portals across the country. With moving stories of three war heroes, all of whom became paralyzed after serving our country, the first set of PSAs related how the Paralyzed Veterans of America is there to assist veterans in rebuilding their lives after spinal cord injury or disease and how PVA's programs and services—from health-care issues to sports—enable them to reassume productive lives. The second set of PSAs focused on the extensive role PVA members play in their communities:



working with children, helping them understand what it means to be disabled, and teaching them the value of helping others. These PSAs received more than 17,000 television airings, 90,000 radio broadcasts, dozens of print placements, and more than 140,000 web placements with a combined audience impression of 900 million viewers, 86 million listeners, and 165 million readers.

Communication staff also wrote and distributed more than 100 news



releases to media outlets during 2003, spreading PVA's message on its programs and veterans' issues nationwide. National newspapers, National Public Radio, and affiliates of every major network reported on PVA and its programs in 2003.

PVA also received coverage on its research into care and a cure for paralysis on the national cable program "Health & Home Report," which reaches more than 11 million viewers across the country. The Outdoor Life Network featured coverage of the PVA Grand National Championship, a B.A.S.S. sanctioned event, reaching more than 65 million viewers.

Focusing on America's next generation of leaders, public outreach initiatives in 2003 included Kids Day at the National Veterans Wheelchair Games in Long Beach, California; a day at St. Jude's Hospital at the PVA Annual Convention in Memphis, Tennessee; and dozens of other youth outreach events across the country, including school and scouting visits, where PVA members talked about living with a disability and the importance of service to country



The filming of a public service announcement



A wheelchair basketball/youth outreach event

and community. In addition, the Communication program coordinated another extremely successful PVA Awareness Week (see page 18).

Web-based communication continues to grow as an important vehicle for reaching members and others around the world. Hits on the PVA web site, www.pva.org, surpassed 13 million. And PVA continued to produce and distribute its email newsletter, *The PVA Herald*, reaching thousands of people around the world each month with information about PVA activities, initiatives, and events. In addition, PVA developed an online store, which facilitates immediate dissemination of select PVA publications.

PVA Publications

In 2003, subscribers in more than 50 countries—members as well as others with disabilities—read PVA's two four-color magazines: the monthly *PN/Paraplegia News* and the bimonthly *SPORTS 'N SPOKES (S'NS)*. Enhancements to the web sites for the publications, such as the addition of a resources section where users can find reams of information on products, services, or organizations, provided added benefit for readers.

PN readers enjoy regular columns on travel, caregiving, computers, employment, alternative medicine, multiple sclerosis,

sis, money, and sexuality. Feature articles covered a realm of topics of interest to persons with spinal cord injury, including articles that examined pioneering experiments that have begun to shed light on chronic-pain syndromes; how to find, select, and retain personal assistants; and innovative research to restore function. In addition, *PN* published a special section on everyday wheelchairs, which included information on current trends and an overview of manufacturers and their products.

S'NS, the country's only magazine focusing exclusively on wheelchair sports and recreation, provided extensive coverage of national and international wheelchair sporting events, as well as recreational opportunities, in 2003. Its successful fitness column, advising people with disabilities how to take measures to be healthy, and the Juniors and Training departments continue to grow in popularity with readers.



PVA 57TH ANNUAL CONVENTION

August 4–9, 2003, Memphis, TN

IMPROVING LIVES BUILDING FUTURES



2004 PVA Executive Committee. Left to right: Homer S. Townsend, Jr.; Randy Pleva; Thomas R. Fjerstad; Joseph L. Fox, Sr.; Ronald P. Amador; Richard Hoover; Kenneth Weas; Jack Franklin; and Jonathan Mitchell.

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Mid-South Chapter

“That others may live...”

Arlette Houghton understands well the motto of the Air Force Air-Sea Rescue, “that others may live.” Her husband, Col. Rodney E. Houghton, was a member of the elite squad Air Force Air-Sea Rescue. His job was to save pilots and others downed by enemy fire or mechanical problems. “He was more than just a military man—he was a humanitarian,” Mrs. Houghton remembers. He believed in and lived the motto of the Air-Sea Rescue Force.

At age 46, Col. Houghton suffered a serious heart attack and was left 80 percent permanently disabled. The Houghtons did not know where to turn for help until PVA national service officers (NSOs) at a VA medical center stepped forward and advised Mrs. Houghton on the steps to take to ensure the colonel received his benefits. She recalled, “Of all the things that have ever happened to me or I had to deal with, the bureaucracy was the most difficult. We had the best help from people who had experience with the disabled.”

Years later Mrs. Houghton would remember the help of her friends at the VA center and link it to the

important work of PVA. “With all of the charitable organizations, none comes more to the top of the list than PVA,” Mrs. Houghton said. “The work of PVA’s service officers is incredibly important; they work with all veterans—not just PVA members.”

After many years of contributing to the Paralyzed Veterans of America, Mrs. Houghton established a charitable gift annuity with PVA. Her gift annuity provides income for the remainder of her life and a lasting tribute to her husband, who joined ROTC while in college, received his commission before graduation, and served his country for 22 years.

“People have forgotten our veterans since World War II,” she said. “The military’s been good to me, so I’m going to be

good them. Our veterans should be honored. The gift annuity arrangement provides me with needed income and tax benefits, plus a way to ensure the perpetuation of my husband’s legacy—making sure others’ lives continue.”



PVA SUPPORTERS

With Our Gratitude

IMPROVING LIVES BUILDING FUTURES

Each contribution helps PVA serve veterans and others with spinal cord dysfunction. Due to space limitations, we are able to recognize only those from whom PVA received cumulative gifts of \$500 or more during fiscal year 2003. We thank all of our donors for their support.

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During FY 03, the following people responded to an invitation from former U. S. Senator Bob Dole to join PVA's Patriot Society as a charter member. The Patriot Society is a group of individuals who go above and beyond to support the Paralyzed Veterans of America. For more information, please contact David Cockayne at (800) 424-8200, ext. 282.

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PVA FINANCIAL STATEMENTS

For the Years Ending September 30

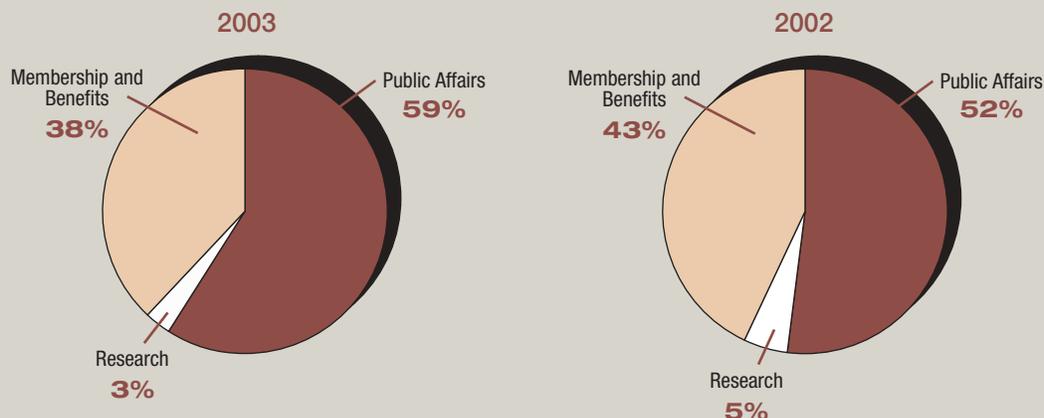
IMPROVING LIVES BUILDING FUTURES

PARALYZED VETERANS OF AMERICA

REVENUES	2003	2002
Contributions	\$92,849,297	\$85,921,348
Other	1,350,681	1,136,699
Total revenues	\$94,199,978	\$87,058,047
EXPENSES		
Program expenses	\$57,933,269	\$51,847,301
General and administrative	4,794,739	7,411,091
Fundraising	27,022,912	30,944,453
Total expenses	\$89,750,920	\$90,202,845
NONOPERATING ITEMS		
Investment income (loss)	\$5,109,663	\$(5,044,422)
Equity in results from subsidiaries	25,403	252,521
Total income (loss) from nonoperating items	\$5,135,066	\$(4,791,901)
NET ASSETS		
Increase (decrease) in net assets	\$9,584,124	\$(7,936,699)
Net assets, beginning of year	14,121,787	22,058,486
Net assets, end of year	\$23,705,911	\$14,121,787
FINANCIAL RATIOS		
Program service expenses to total expenses	65%	57%
Fundraising expenses to total expenses	30%	34%

The results in this report are taken directly from the fiscal year 2003 audited financial statements and include PVA only (excludes subsidiaries and related foundations).

A copy of the audited consolidated financial statements, which include all PVA-owned and related entities, is available upon request from PVA's Development Department at (202) 416-7675.



**PARALYZED VETERANS OF AMERICA
SPINAL CORD RESEARCH FOUNDATION**

REVENUES	2003	2002
Contributions from PVA	\$553,818	\$1,409,097
Contributions—Other	939,365	305,572
Total revenues	\$1,493,183	\$1,714,669
EXPENSES		
Grants	\$1,585,002	\$900,678
Program services	87,401	67,097
General and administrative	1,763	30
Total expenses	\$1,674,166	\$967,805
NET ASSETS		
Increase (decrease) in net assets	\$(180,983)	\$746,864
Net assets, beginning of year	2,778,435	2,031,571
Net assets, end of year	\$2,597,452	\$2,778,435

**PARALYZED VETERANS OF AMERICA
SPINAL CORD INJURY EDUCATION AND TRAINING FOUNDATION**

REVENUES	2003	2002
Contributions from PVA	\$83,448	\$212,121
Contributions—Other	167,822	92,925
Interest Income	2,805	4,406
Total revenues	\$254,075	\$309,452
EXPENSES		
Grants	\$147,486	\$208,778
Program services	78,759	62,121
General and administrative	1,242	573
Total expenses	\$227,487	\$271,472
NET ASSETS		
Increase in net assets	\$26,588	\$37,980
Net assets, beginning of year	408,018	370,038
Net assets, end of year	\$434,606	\$408,018

PVA DIRECTORY

As of September 30, 2003

IMPROVING LIVES BUILDING FUTURES

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National Advocacy Director

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Director of Appellate Services

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Editor/Publisher, PVA Publications

Craig Enenbach
Chairman, Judicial Committee

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Phoenix, Arizona

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Long Beach, California

VA Regional Office
Los Angeles, California

VA Regional Office
Oakland, California

VA Regional Office
San Diego, California

VA Regional Office
Denver, Colorado

VA Medical & Regional
Office Center
Wilmington, Delaware

VA Medical Center
Miami, Florida

VA Health Care Center
Orlando, Florida

VA Regional Office
St. Petersburg, Florida

VA Medical Center
Tampa, Florida

VA Medical Center
Augusta, Georgia

VA Regional Office
Decatur, Georgia

VA Regional Office
Chicago, Illinois

VA Hospital
Hines, Illinois

VA Regional Office
Indianapolis, Indiana

VA Regional Office
Des Moines, Iowa

VA Medical & Regional
Office Center
Wichita, Kansas

VA Medical Center
Louisville, Kentucky

VA Regional Office
New Orleans, Louisiana

VA Regional Office
Baltimore, Maryland

VA Regional Office
Boston, Massachusetts

VA Regional Office
Detroit, Michigan

Bishop Henry Whipple
Federal Building
St. Paul, Minnesota

VA Regional Office
Jackson, Mississippi

VA Medical Center
Kansas City, Missouri

VA Regional Office
St. Louis, Missouri

VA Regional Office
Lincoln, Nebraska

VA East Clinic
Las Vegas, Nevada

VA Regional Office
Newark, New Jersey

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VA Regional Office
Buffalo, New York

VA Regional Office
New York, New York

VA Regional Office
Winston-Salem, North Carolina

VA Regional Office
Cleveland, Ohio

VA Regional Office
Muskogee, Oklahoma

VA Medical Center
Oklahoma City, Oklahoma

VA Regional Office
Portland, Oregon

VA Regional Office
Philadelphia, Pennsylvania

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Pittsburgh, Pennsylvania

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VA Regional Office
Columbia, South Carolina

VA Medical & Regional
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Sioux Falls, South Dakota

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Memphis, Tennessee

VA Regional Office
Nashville, Tennessee

VA Medical Center
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Houston, Texas

VA Medical Center
San Antonio, Texas

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Waco, Texas

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VA Medical Center
Richmond, Virginia

VA Regional Office
Roanoke, Virginia

VA Regional Office
Seattle, Washington

VA Regional Office
Huntington, West Virginia

VA Regional Office
Milwaukee, Wisconsin

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Washington, DC

Veterans Appeals
Litigation Office
U.S. Court of Appeals
for Veterans Claims
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Medical Services Office
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Washington, DC



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