

## Closing Comments

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March 28, 2016 Legislative Committee Aging, Veterans and Seniors with Special Needs

I am going to reiterate a comment I made earlier today: **2016 Federal ICD-10-CM codes, especially G92, G93.40 and its sub-classifications T52-60 and T65.** These ICD classifications cannot be ignored by the State of Nevada any longer regarding this segment of the population.

Years ago, FEMA developed a pilot program entitled “Functional Needs Working Group” in Region 9, whereby the NTEF was fully vetted by the federal government and chosen to be Nevada’s representative for our disabled population. Why didn’t the state’s anointed disabilities elect to be part of this program?

I don’t have to regurgitate what constitutes a disability, care to explain how you can discriminate with this criteria? Does this committee think they know more than the **National Institute of Neurological Disorders and Stroke, a division of the National Institute of Environmental Health Sciences (NIEHS)?**

The following clearly shows that ADL are impacted, why are you ignoring these symptoms, issues etc?

*Neurotoxicity occurs when the exposure to natural or manmade toxic substances (neurotoxicants) alters the normal activity of the nervous system. **This can eventually disrupt or even kill neurons, key cells that transmit and process signals in the brain and other parts of the nervous system.** Neurotoxicity can result from exposure to substances used in chemotherapy, radiation treatment, drug therapies, and organ transplants, as well as exposure to heavy metals such as lead and mercury, certain foods and food additives, pesticides, industrial and/or cleaning solvents, cosmetics, and some naturally occurring substances. Symptoms may appear immediately after exposure or be delayed. **They may include limb weakness or numbness; loss of memory, vision, and/or intellect; headache; cognitive and behavioral problems; and sexual dysfunction. Individuals with certain disorders may be especially vulnerable to neurotoxicants.***

I find it very ironic, that the presentations today kept saying, helping these people become employed, violations of the ADA, acquire medical care, yet, the NTEF’s people have the same issues and they are ignored.

What makes those disabled employees, lets just say, with Opportunity Village, any more 'worthy' of being able to become employed and earn a salary, over any other disability?

Why should a Henderson resident, who was a senior corporate management level employee, with a Fortune 500 company, be forced to go out on Social Security Disability because her disability is being discriminated here?

Most of our people are not born with this disability, it is acquired and presents more challenges to access to employment, services, health care than those that the state wants to acknowledge.

This segment of the population has the highest annual increase in children under the age of 18.

One gentleman mentioned the CDC, whereas the CDC in 2009, fully recognized this population. Since DHHS references CDC in a lot of their programs etc., why is this recognition not being laterally applied here in Nevada?

The reference of 'frail seniors', with depression being at 90% of this subgroup. The science is showing that depression is not 100% psychological, it is showing up as an inflammatory response in the brain. So is the funding that you are giving to these groups, really treating or benefiting this 'frail population'? Is your 'behavioral' department really qualified?

**<http://www.currentpsychiatry.com/home/article/depression-and-inflammation-examining-the-link/b436332438ceca4baabe8be08701d6dc.html>**

Hearing the questions from this committee, it is very obvious, that the state wants to remain with their head in the sand approach towards disabilities they don't want to accept and acknowledge.

Thusly, the committee should have no problem with the NTEF going public with this, to show how this segment of seniors, veterans and disabled are intentionally treated and ignored.