

VANGUARD

Serving America's Veterans

Spring 2013

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From the battlefield to VA Acquisition Professional

Revolutionizing Nursing Home Care

Private rooms and cozy atmosphere a place to call "home"

VA



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WOMEN'S HISTORY MONTH MADE EXTRA SPECIAL FOR A WOMAN WHO MADE HISTORY



Retired Air Force Brig. Gen. Tom L. Daniels visits WWII Veteran Mary E. Walton at the Dallas VA Medical Center in March. The highly decorated Vietnam Veteran and current member of the Secretary's Advisory Committee for Minority Veterans, declared Walton to be a "General for a Day" during his surprise visit.

By Erika Neroes

A 93-year-old World War II Veteran and possibly the first black nurse from Dallas to join

the U.S. Army has witnessed a lot during her life.

When Mary E. Walton, R.N., looks back, she considers her life as one lived with purpose. "I believe being a nurse is exactly what God intended for my life," she said. "I love serving and hope when people mention my name, they recall my service and dedication."

Walton expressed an interest in health care from early childhood and recalls administering first aid to family and friends and helping doctors to deliver babies in black people's homes. "I didn't know what a midwife was back then," she said with a giggle, "but I guess that's what I was doing."

The Dallas native worked as a candy striper at the city's Baylor Hospital, and it was there that she met a white nurse who she recalls "took her under her wing." The nurse helped Walton to enroll at Brewster Methodist Hospital-School of Nursing in Jacksonville, Fla., which at the time, was affiliated with Florida A & M University (FAMU) and was also one of the few schools in the country available to black nurses.

After graduating from Brewster and FAMU, Walton continued her studies at Howard University in Washington, D.C., and in 1944, she joined the Army as a first lieutenant.

Following her return from World War II, Walton took on her first assignment with the city of Dallas at Parkland Hospital – becoming its second black nurse. Her career eventually

included work in public health, labor and delivery, and home health care.

Walton's first experience with the Department of Veterans Affairs was in the late '50s when she came seeking a job; but blacks weren't allowed at that time. She returned to VA in 1978 as a caregiver when she accompanied her husband (now deceased), also a World War II Veteran. She became a VA patient herself a little more than 30 years ago.

When she was more recently admitted to the Dallas VA Medical Center, she made quite an impression with her personable demeanor and openly sharing her journey from a young neighborhood nurse to a highly skilled, educated professional.

Pete Dancy, associate director of VA North Texas Health Care System, asked retired Air Force Brig. Gen. Tom L. Daniels if he would honor Walton with a visit. Daniels, a Vietnam Veteran, was recently appointed as a member of the Secretary's Advisory Committee for Minority Veterans.

On March 19, he made a surprise visit to Dallas VA Medical Center to see Walton and declared her to be "General for a Day."

So how does an award-winning nurse, who practiced for more than 70 years, rate VA health care?

"It's as perfect as perfect can be," Walton said. "The only problem I have is I sometimes get cold, but I understand they can't heat up the whole building just for me."

Inside

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COVER PHOTO: Army Veteran Jeremy Wagner prepares for his race at the International Paralympic Committee Nordic Skiing World Cup in Cable, Wis. Wagner was one of eight Veterans on the 11-man U.S. team at the event in January. (Photo by James Netz)

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Army Veteran Shane Nuttle shares a light moment with VA Speech and Language Pathologist Natalie Hartgrave while receiving speech therapy. Photo by Christopher Beshears

VETERAN GETS HELP FROM VA TO REBUILD HIS FUTURE

By Nathan Schaeffer

Shane Nuttle's Army career got off to a great start after he earned his "Jump Wings" in 2004 with a vision of a 20-year Army career ahead of him.

The newly minted paratrooper was immediately assigned to 2nd Battalion, 506th Infantry Regiment at Fort Campbell, Ky., and shortly thereafter, deployed to Forward Operating Base Falcon, just outside Baghdad in November 2005.

Exactly two months after hitting the ground, Nuttle was on patrol with his platoon in

Balad when a roadside bomb detonated near his Humvee.

The Pawnee, Okla., native suffered a ruptured spleen, broken jaw and several broken bones in his face and was unconscious as Army medics treated his wounds on the battlefield. He was evacuated to a U.S. military hospital in Baghdad, then Landstuhl, Germany, and finally to Walter Reed Army Medical Center in Washington, D.C. Nuttle remained in a coma for two weeks following the blast.

"I don't remember the day of

the injury," he said. "From what I've been told by other people in my platoon, (the IEDs) were completely unexpected and there was nothing that could have been done to prevent it."

Diagnosed with a severe traumatic brain injury that affected his speech, vision, balance, coordination and cognitive thinking, he had problems with his attention span, learning and decision-making. His injuries were so extensive that doctors said he would have to undergo intensive rehabilitation just to live independently.

In March, Nuttle was admitted to the VA Polytrauma Rehabilitation Center at the Minneapolis VA Medical Center, one of five PRCs around the nation. He underwent comprehensive inpatient treatment and had to re-learn how to do basic things such as eating, walking and talking.

"Basically, I had to change every aspect of the way I lived my life before the IED," said Nuttle. "I've done a lot of therapy and done a lot of recovery. It pretty much affected everything in one way or another."

Two months later, Nuttle was discharged from the Minneapolis VA Medical Center, and the Army allowed him to return to Pawnee to live with his parents for the remainder of his enlistment.

At home, he helped his

father raise cattle on the family ranch, but he had trouble accepting his inability to do the same amount of work he had done prior to his injury.

“Before, I was very hyperactive and hardly ever slowed down,” said Nuttle. “Now, I’m not on the go nearly as much and I’m not nearly as active as I was before. A lot of that also has to do with some depression issues.”

While at home, he received treatment through the Oklahoma City VA Medical Center and Jack C. Montgomery VA Medical Center in Muskogee.

In 2008, he began receiving treatment through the Muskogee VA’s Polytrauma Support Clinic Team (PSCT).

PSCTs are responsible for managing the care of Veterans who have suffered polytrauma or TBI and assists them with integration back into their home or community.

Dr. Jodi Yelverton, PSCT director, and Janet Potter, social worker, met regularly with Nuttle, while the entire PSCT staff met weekly to discuss his needs and progress, as well as other Veterans under their care.

In 2010, neuropsychologist Dr. Jared Bengé began working with Nuttle to help him start thinking about the next stage of life beyond his rehabilitation.

In 2011, speech and language pathologist Natalie Hartgrave also worked with Nuttle helping him with his goals, as well as speech therapy.

During his meetings with Bengé and Hartgrave, Nuttle seriously considered the

possibility of going to college for the first time in his life.

“His goal was to spend 20 years in the military,” said Hartgrave. “He never pictured himself going to college and he hadn’t imagined what he’d do up until that point.”

The 29-year-old set a goal of attending Texas A&M University and earning a bachelor’s degree. It would not be easy, but he was determined.

“Brain injury recovery is different for everyone, and the ones who make the most improvement are the ones who are willing to accept that ‘yes, something really bad happened, but it’s not going to keep me from moving forward in life,’” said Hartgrave. “Their attitude plays such a big part in how they recover and he’s definitely been the role model for that.”

Bengé and Hartgrave encouraged Nuttle to start small and enroll in classes locally at Tulsa Community College.

“For the first four weeks of the semester, I didn’t like being in the classroom setting,” said Nuttle. “I was uncomfortable. I get distracted easily and it’s hard to focus on one thing or somebody speaking.”

To help him with the coursework, Hartgrave taught him study skills and organization techniques such as setting reminders in his smartphone and writing out checklists before beginning a task.

Nuttle not only completed both courses, but also received an “A” in each class.

“Dr. Bengé and Natalie

Hartgrave got me back to wanting to live a life somewhat close to what I used to live,” he said. “The VA has done a lot.”

Nuttle was accepted into the Wounded Warrior Project’s TRACK program in San Antonio and began living on his own in January.

“The biggest thing I’ve seen in him is a change in his self-esteem.”
When he set a goal that we helped him define, he’s just worked so hard at it. He’s been very goal-driven once we’ve helped him define goals.”





MILLION HEARTS CAMPAIGN TO FIGHT HEART DISEASE

Since 2011, VA and the Department of Health and Human Services have been working together to promote the Million Hearts™ campaign — a national initiative with a goal of preventing 1 million heart attacks and strokes by 2017.

“The Million Hearts™ campaign wants to empower Americans to receive appropriate care for cardiac risk factors and make healthy choices such as avoiding tobacco use,” said Dr. Thomas M. Maddox, a cardiologist with the VA Eastern Colorado Health Care System and lead for the Veterans Health Administration/Million Hearts Initiative partnership. “They are an invaluable partner in our disease

prevention efforts here at VA.”

Maddox said the campaign encourages a targeted focus on the “ABCS” — Aspirin for people at risk, Blood pressure control, Cholesterol management, and Smoking cessation — all of which address the major risk factors for cardiovascular disease and can prevent heart attacks and strokes.

“As the largest integrated health care system in the United States,” Maddox said, “we are an integral partner in realizing these goals. In fact, VA has already made large strides in achieving excellence in identifying and controlling these risk factors.”

“Our goal is to provide high value care for all the Veterans

we serve,” said Roxane Rusch, deputy assistant deputy Under Secretary for Health for Quality, Safety and Value. “This means focusing on the individual’s experience as well as how we are improving population health over time.

“Participating in a campaign of this magnitude,” she added, “reinforces the new ‘value equation’ everyone is talking about in health care these days. A dedicated focus on value transforms our culture and our teams, to create highly reliable and safe systems, patient-driven care, and world-class quality.”

“Many Veterans in our VHA primary care population have chronic conditions, and have

multiple diagnoses,” said Dr. Lisa Backus, national clinical manager for VA’s Office of Population Health. “Of this population, 52 percent have hypertension, 36 percent have obesity, 24 percent have diabetes, and 18 percent have coronary heart disease.

“By talking with our patients about healthy lifestyle choices,” she said, “and by encouraging those who are motivated to take small steps toward healthier living, we can work with them to improve their health, avoid or mitigate cardiovascular disease, and reduce their chances of suffering a heart attack or stroke.”

“While we’ve been successful with tobacco and alcohol interventions here at the VA,” she continued, “I believe we can help our patients achieve still greater success. That’s why we’re putting increased focus on helping our patients quit smoking, lose weight, eat healthier, and become more physically active. We know

these lifestyle changes will make a difference, and that’s why initiatives like the Million Hearts™ campaign are so important in helping us get the word out.”

In its efforts to place more emphasis on disease prevention, VA has established a Health Promotion/Disease Prevention Program Committee at every VA facility. Committee members represent a range of disciplines and content areas. Their job is to oversee the prevention-related activities of the facility and to support VA’s “Healthy Living” campaign.

“We launched our Healthy Living Campaign in 2011 to encourage VA health care providers to continually emphasize specific healthy living messages and suggestions when talking with their patients,” explained Linda Kinsinger, VA’s Chief Consultant for Preventive Medicine. “These messages cover core prevention areas including nutrition, physical activity, weight management,

smoking, alcohol use, stress management, clinical preventive services, safety, and health care communication.

“We chose these topics,” she added, “because of their importance in reducing chronic disease morbidity and mortality and improving quality of life. Our Healthy Living messages will communicate to Veterans a better way to live.”

“The Million Hearts™ campaign is an important partner in our disease prevention efforts,” said Dr. Robert Jesse, VA’s Principal Deputy Under Secretary for Health. “We’ll continue communicating our Million Hearts™ goals to our front-line providers and patients. We’ll continue promoting effective management of the ABCS goals through our Patient Aligned Care Teams and our Healthy Living campaign. And we’ll continue to identify and partner with community efforts to promote and improve smoking cessation and heart health.”

VA’S FIVE MAJOR GOALS

- 1) Communicate Million Hearts™ goals to front-line providers and patients;
- 2) Demonstrate VA’s performance of the ABCS goals and share best practices and achievement;
- 3) Promote effective management of ABCS goals through Patient Aligned Care Teams;
- 4) Promote research in the achievement of the ABCS goals, opportunities for improvement, and implementation of effective interventions; and

- 5) Identify and partner with community efforts to promote and improve smoking cessation and overall heart health.

WANT TO KICK THE HABIT? VA CAN HELP

VA’s Quit Tobacco website and the annual Great American Smokeout campaign are coordinated by the Veterans Health Administration’s Tobacco & Health: Policy & Programs Clinical Public Health Office.

The “QUIT TOBACCO – make everyone proud”

(www.ucasquit2.org) website, through a VA partnership with the Department of Defense/TRICARE, is targeted to meet the needs of younger active military and Veteran populations by providing online tools to quit tobacco use, such as live chat services, personalized quit plans, and other interactive support systems. To date, the rate of smoking among Veterans in VA has decreased noticeably, from 33 percent in 1999 to 19.7 percent in 2011.

Veterans compete **INFO**RCE

at Nordic Skiing World Cup

By Mike Molina

It was an accident not unheard of for a young combat Veteran.

In June 2008, Omar Bermejo had recently returned from his fourth deployment to Iraq. The then 27 year-old Marine Corps sergeant was racing through life, searching for the familiar rush of fear and adrenaline that had been fueled by bullets and IEDs only months before. He bought a motorcycle with the money he'd received as a bonus for his service.

The curve, the gravel, a sense of invincibility, all caused him to lose control of the bike, he said. He slammed into a guardrail nearly severing his arm between the bike and the metal. Many surgeries later, doctors would amputate his arm at the shoulder.

"The day to forget and the day my life changed," Bermejo said. "It's true when they say that one of the ways to appreciate life to the fullest, is to almost die."

In the aftermath of his changed life he became depressed and hopeless. "I was pretty down after my accident," he said. The once fit Marine says he gained weight and felt out of shape. He decided to use some of his benefits from the Department of Veterans Affairs (VA) and visited a nearby VA Medical Center.

"They were awesome, always letting me know I'm not by myself," he said. "I knew it's not over. My time here is not over yet."

He remembers a visit to a wing of hospitalized Veterans all of them amputees.

"There was this guy who lost his leg above the knee. He was telling me 'Don't give up. Don't cash in. Give it your all.'"

Today, Bermejo is a competitive Nordic skier with hopes of making the 2014 Paralympics in biathlon, a combination of cross country skiing and marksmanship. He was one of eight military Veterans on the 11-man U.S. biathlon team at the International Paralympic Committee Nordic Skiing World Cup in Cable, Wis., Jan. 12-20.

The number of Veterans who competed in the event is an example of the joint efforts by the VA and US Paralympics, a division of the United States Olympic Committee, to provide physically disabled Veterans with increased opportunities of activity and wellness.

Through an active recruitment effort, US Biathlon Paralympic coach Rob Rosser said he makes visits to military and VA Medical Centers year round.

"Most Veterans joined the military because they wanted a challenge, are highly competitive and enjoy physical exertion," he said. "Biathlon combines the most physiologically demanding sport of cross country skiing with a more mentally challenging sport of marksmanship, under stress of high heart rate and the pressure of the clock running as they shoot.

Veteran athletes tell me they picked biathlon because it was the most challenging and most similar to their combat job – moving and shooting."

Army Veteran Jeremy Wagner wasn't sure if biathlon was for him when he was first asked to try the sport.

In 2007, after a year in Iraq, he too returned home and suffered a motorcycle accident. The crash injured his spinal cord and he lost the use of his legs.

"After my injury I was just taking it one day at a time," Wagner said. "I did some rehab on my own, but my cousin helped me go to the VA."

The Hawaii native was treated at the Palo Alto VA Medical Center's Spinal Cord Injury Center in California.

"That's where my real road to recovery began," he said. "My therapist in Palo Alto gave me all the necessary tools to get me going again." She also introduced him to the VA's National Veterans Wheelchair Games.

In 2010, while competing in the Games in Denver, Wagner was approached by a Paralympics biathlon coach.

"I guess he saw me doing the slalom event, and he asked me if I'd be interested in biathlon."

Wagner took a chance and gave up the sandy beaches of Hawaii for the snowcaps of the Colorado Rockies. He moved in with his cousin in Colorado where he now trains full-time in biathlon.



Committee and VA. The Fund provides grants ranging from \$10,000 to \$25,000 to organizations that support Paralympic sport and physical activity programs for disabled Veterans and disabled members of the Armed Forces.

In its third year, the fund has provided more than \$4 million to 223 USOC partner and community programs, and has resulted in thousands of Veterans with physical and visual impairments participating in sport programs.

"The partnership and support from the VA has given hope to numerous Veterans," Rosser said. "As the programs grow and expand, the entire country gains awareness of the positive aspects sport offers our Veterans, and the long-lasting affects it has on their quality of life after the sacrifice they have made for our country."

Wagner also receives a monthly training allowance from the VA. The VA and US Paralympics' collaborative provides a stipend to athletes who meet established eligibility requirements, including training commitment and qualifying competition standards.

"The stipend really helps with purchasing poles, gloves, all of the other equipment that's necessary," he said.

When Kevin Burton arrived at the event in Cable, he was still learning the sport and had yet to qualify for the training stipend.

In 2010, while on active duty in the Navy, he was diagnosed with retinitis pigmentosa, a degenerative eye disease. The former Arabic linguist had served nine years with the Navy including tours to Iraq and Kuwait when he began losing his eyesight. Before

being medically retired, he was treated at the Charlie Norwood VA Medical Center's Augusta Blind Rehabilitation Center in Georgia.

"The blind rehab program was amazing," Burton said. "I was really worried about losing my remaining vision, but after going through that, I'm not that worried. I know I can still do pretty much anything."

In March 2012, Burton attended the VA's National Disabled Veterans Winter Sports Clinic in Snowmass Village, Colo. It was the first time he'd been on skis since losing his sight.

Like all biathlon athletes, he skis and shoots targets, but being visually impaired he has a guide who skis in front of him and shouts directions during the cross country skiing. When it comes time to shoot the rifle he uses audio cues and the pitch of a tone to zone in on the target.

"You wear headphones to tell you how close you are, and if you are on target," he said. "The normal shooting advice doesn't apply to the visually impaired. It's strictly distance from the center."

Despite his newcomer status, Burton went on to win a silver medal in Cable and his finishing time was good enough to earn him the VA training stipend.

"A lot of my success is because of the support I've been given from day one," he said. "But I've still got to work hard and keep improving."

Bermejo agreed. He also qualified for the training allowance during the event.

"Know if you put in the work and have positive thoughts, good things will happen," he said. "The opportunities are there, but in the end, if you want something you will go get it."

His effort has paid off. In June 2012, Wagner was named to the 2012-13 US Paralympic Nordic Skiing National Team.

"You may think, 'I'll never be at that level,' but you never know until you try," he said. "A lot of us, we want to be good at something right away. When we don't, we give up. But every champion wasn't a champion from the start."

Wagner trains at the National Sports Center for the Disabled (NSCD) in Winter Park, Colo.

In October 2012, NSCD was named one of 97 organizations to receive a grant through the Olympic Opportunity Fund, a partnership between the United States Olympic

Former VA Deputy Administrator gets care at Asheville VAMC



By Dennis J. Mehring

Heroes walk among us. If that expression is true anywhere, it certainly has to be true in places like VA medical centers. Yet if you ask most Veterans, “Are you a hero?” they are likely to say no. They will tell you that the real heroes are the ones who didn’t make it home. They were just doing their job.

Heroes walk or roll through the halls and clinics of the Charles George VA Medical Center in Asheville, N.C., every day. One of the men who just might fall into that category is 91-year-old Odell Vaughn.

Vaughn is a native of Greenville, S.C., who was raised in Spartanburg, S.C. He enlisted in the National Guard at age 17—while still a student at Spartanburg High School—to serve his country in World War II. He was sent to England and later served in North Africa and Italy.

Vaughn lost one leg to a German landmine on a battlefield

about nine kilometers from the city of Pisa, Italy, in July 1944. Vaughn, a member of the National Guard’s 178th Field Artillery, stepped on the mine while trying to save a wounded soldier. He made a tourniquet with his belt to stop the bleeding, and then laid there for hours with his comrade, waiting for help.

A few years ago, Vaughn told a reporter that he prayed to God to die while he was lying there, but when he thought about his wife, Virginia, and his 2-year-old son, Odell Jr., he realized that praying to die was wrong. “I had a wife, and a child I had never seen. I quickly changed my attitude,” Vaughn told the reporter.

He came home a double amputee. Vaughn lost his other leg nine days after the first because doctors were unable to repair the damage. He recuperated in a hospital for 13 months, and his wife moved

closer to the hospital so she could see him every visiting hour. Vaughn received the Silver Star and Purple Heart for his service and sacrifice.

When he returned home to South Carolina, Vaughn began working for VA in Columbia, later moving on to Florida. He held a number of positions during his 35-year VA career. “I was a GS-2 greeter in Florida—did you know there was a rating that low?” he joked.

He eventually rose from a GS-2 greeter in Florida to Deputy Administrator of the Veterans Administration. Vaughn worked for Presidents Nixon, Ford and Carter. Vaughn said he liked working for President Ford best. Vaughn explained that he and Ford lived in the same neighborhood in Washington, D.C., before he became vice president and eventually president when Richard Nixon resigned in the wake of the Watergate scandal.

Vaughn received more than 50 awards and other recognition for his 35 years of service to Veterans while working at VA. He's never let the loss of his legs slow him down, according to those who know him. He's golfed, skied and hiked, and had a reputation as an amateur carpenter and gardener.

He retired from federal service, and after a few years of inactivity, he said, "I took a job selling life insurance because I was bored." Vaughn is not the type of person who likes to sit still for long. "I've been through about four sets of legs," he said.

At 91, he has had to make some concessions to age. His back is no longer strong enough to allow him to walk with artificial limbs, so he has been in a wheelchair for four years now. He stopped driving at around the same time, explaining that he thought it was time he stuck to being a passenger instead of the driver.

His home in South Carolina is a one-and-a-half-hour drive from the Asheville VA, but he has been going there to get his medical care since 1999. He said he had shoulder replacement surgery that year. The bad shoulder was a lingering injury from the landmine explosion in 1944.

So why did he choose the Asheville VA when he lives so far away? The answer requires some explanation. Vaughn said that during the time he worked for VA, he visited 72 different facilities across the country, and

he was impressed with Asheville. "My treatment has been excellent —couldn't be better," he said. "The people who do the work are very personable, too. They take the time to explain what has to be done."

Vaughn's time in the military and political trenches has ended, but he still keeps up with events. He's had the chance to talk to Veterans who served in Iraq and Afghanistan, many of whom are coming home from battle missing limbs from improvised explosive devices, known as IEDs. He said he has an advantage talking to these Veterans because of their common experience.

Vaughn is a widower now. He and his wife had two daughters and one son. His son died in a helicopter crash a few years ago, but in spite of all the physical and emotional pain he has endured, and the weight of 91 years, Odell Vaughn has a smile and a firm handshake ready for any person who passes his way.

Ask him if he is a hero, and he'll probably tell you, "No. I was only doing my job."

*"I was only
doing my job."*

- ODELL VAUGHN

JOINING FORCES AT THE DURHAM VA

*Story By Pete Tillman
Photo by Linnie Skidmore*

Joining Forces, an initiative led by First Lady Michelle Obama and Dr. Jill Biden, asks Americans to do more in support of military service members and their families. The movement features a three-pronged approach focused on employment, education and wellness.

The Duke University School of Nursing recently put together an informative seminar aimed at wellness entitled “Joining Forces at Duke University School of Nursing: A Call to Action,” and the Durham (N.C.) VA Medical Center answered the call.

When it came to finding experts to lead portions of the seminar, all the organizers needed to do was look across Erwin Road to their partners at the Durham VA. The Durham VA’s mission to honor Veterans by providing health care that improves their health and well being made for a perfect fit and offers two physicians that are dually appointed at the Durham VA and the Duke University School of Medicine.

Joining Forces - Taking Action to Service America’s Military Families came to life at Duke’s School of Nursing for approximately 60 attendees, some of whom were Veterans themselves. By calling attention

to the issues facing Veterans, active duty military and families, the seminar aimed to educate nurses on how to recognize the symptoms and devastating effects of traumatic brain injury and post-traumatic stress disorder.

Dr. Charles Vacchiano, a professor at the nursing school, opened the seminar. A 26-year Navy Veteran, he underscored the importance of mobilization to meet the critical issues facing Veterans. More than 625 schools of nursing nationwide have pledged support to enhance the preparation of the nation’s nurses to care for Veterans, service members and family members. “This seminar is the first step to fulfill our pledge,” Vacchiano said.

Dr. Catherine Gilliss, dean and vice chancellor for Nursing Affairs at Duke’s School of Nursing, said she wholeheartedly supports the Joining Forces campaign and believes it is matched by the commitment of the nursing profession to care for those who have given so much. “Today is more than intellectual interest—we can better understand the nature of the sacrifice made by those who serve,” said Gilliss, the daughter of a Veteran.

Gilliss knows the unique

health care needs of Veterans, having worked at the VA medical center in Washington, D.C. “That experience left an indelible impression on me as a young nurse,” she said. “We want to work in close partnership with those here, and it does not end today.”

After dispelling Hollywood’s portrayal of blast-related trauma, Dr. Bruce Capehart, medical director of the Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Clinic at the Durham VA, took care to explain the factors that lead to diagnosis and treatment of TBI. Capehart, an Army Veteran called to active duty in 2003 for a deployment as the only military psychiatrist in Afghanistan, recognized that TBI in the civilian population and military population present differently.

He is urging medical educators to introduce Veterans’ scenarios into case studies at medical schools and knows the compounding value of teaching non-VA providers about Veterans. “Joining Forces is important because of the community care provided to Veterans,” said Capehart. “The Veterans who served overseas since 9/11 are using the VA for health care at an unprecedented

Dr. Bruce Capehart, medical director of the OEF/OIF/OND Clinic at the Durham VAMC, and Dr. Eric Crawford, psychologist, point at a model brain to aid their discussion of Traumatic Brain Injury during a recent interdisciplinary team meeting for returning Veterans.



rate, but we still only see around half of them. Those percentages are lower for other Veteran cohorts.

“It is important for non-VA clinicians to understand the unique health care needs of our nation’s Veterans so these men and women can receive the care they earned,” Capehart continued. His plea to clinicians looking to most effectively treat patients with TBI was in its own right a call to action: “Seek out the best interdisciplinary team

you can find, and work with them,” he said, after noting that a condition this complex can be matched by the strengths of diverse fields of study.

Dr. Michael Hertzberg, director of the Durham VA Specialized Outpatient PTSD Clinic, provided a briefing on PTSD, and in a short amount of time covered the foundation for the diagnosis and treatment of the disorder. He defined the disorder and proceeded to talk about the diagnosis and

symptoms before launching into the treatment options.

Christy Knight is the caregiver support coordinator at the Durham VA. She closed the seminar by presenting the role of the caregiver and the importance of recognizing the needs of those who care for Veteran patients.

For more information about PTSD, visit www.ptsd.va.gov, and for more information about TBI, visit www.polytrauma.va.gov/understanding-tbi.



Senator Daniel Inouye interred at Punchbowl



Top and Left: Family and distinguished guests, including President Obama and First Lady Michelle Obama, attended the memorial services of Sen. Daniel K Inouye National Memorial Cemetery of the Pacific in Honolulu Dec. 30, 2012. Inouye was a U.S. Army World War II combat veteran with the 442nd Regimental Combat Team, who earned the nation's highest award for military valor, the Medal of Honor. Bottom Right: Former Senator and WWI Veteran Bob Dole (left) and Sen Inouye (right) during Gen. Eric Shinseki's confirmation hearing for Secretary of Veterans Affairs on Jan. 14, 2009. Photos by Defense Media Activity

By Nadine L. Siak

Senator Daniel K. Inouye, a leading Veterans advocate for more than 50 years, was laid to rest at the National Memorial Cemetery of the Pacific in Honolulu Dec. 30, 2012. At the time of his death on Dec. 17 at age 88 from respiratory complications, Inouye was the most senior member—or president pro tempore—of the Senate, making him third in line for the presidency.

His eligibility to be interred at a VA national cemetery, however, stemmed from his service in World War II as a member of the famous 442nd Regimental Combat Team, considered to be the most decorated infantry regiment in the history of the United States Army.

The 442nd was a fighting unit composed almost entirely of American soldiers of Japanese descent who volunteered to fight in World War II even though their families were subject to internment. More than 400 veterans of the 442nd are interred at the Punchbowl, as the cemetery is colloquially known. To mark the significance of this, the few remaining members of the 442nd's 100th Battalion donated a memorial stone to the cemetery in 2005 inscribed with their battle motto: "Go for Broke."

Cemetery Director Gene Castagnetti recalls that "on more than one occasion, when Senator Inouye walked in Burial Section D, the final resting place of many members of the 442nd, he would ask, rhetorically:

'What would they have achieved, had they not died? I owe my success to them.'"

Inouye's first wife of almost 57 years, Maggie Awamura, was buried in Section D in 2006 after a battle with cancer.

"But even before his wife passed away," Castagnetti says, Inouye often stated his "desire to be interred with his comrades-in-arms at this national shrine."

Inouye also joined 31 other Medal of Honor recipients who have been interred at the Punchbowl. His grave marker, like theirs, is etched in gold and includes the Medal of Honor Medallion. The inscription beneath his dates of military service poignantly states: "Son of Hawaii."

Inouye had served the people of Hawaii since 1954, when he began his career as an elected official in the Hawaii Territorial House of Representatives. He went on to be their representative on Capitol Hill from the time Hawaii became a state in 1959.

His contributions to America were great; his contributions to Hawaii were even greater. That is why, after a memorial service in Washington, D.C., and a period in which the senator's body lay in state in the Capitol Rotunda, the people of Hawaii were given a chance to say "Aloha" to their hero at a public memorial service at the Punchbowl.

Some 800 members of the general public attended the memorial service, along with an unprecedented number of

American dignitaries that included President Barack Obama, Cabinet members, at least a dozen members of Congress, scores of general and flag officers—and the few remaining members of the 442nd.

Foreign dignitaries attending included a former prime minister of Japan, several ambassadors to the United States, and the governor of American Samoa. Altogether, close to 400 dignitaries joined local residents at the Punchbowl to say a final farewell to Inouye.

The memorial service included an Army band playing patriotic music, a firing detail, an F-22 Raptor flyover in the Missing Man formation, and a joint service casket team led by a member of the Military District of Washington's Old Guard (the Army regiment famous as the sentinels at the Tomb of the Unknowns at Arlington National Cemetery). In addition, in a break with tradition, a sitting member of Congress, Senator John Tester of Montana, played taps instead of a military bugler.

The memorial service commenced with a 19-gun cannon salute as the hearse carrying the senator's remains drove onto the main cemetery grounds.

That was fitting, according to Christine Kuia, the cemetery's claims clerk. "He said, many times, that he always felt good when he drove into the cemetery. He talked about a sense of awe when he came into the Punchbowl."



Veteran Rocks with Georgia **OVERDRIVE**

By Rebecca Omick

He's opened for Trace Atkins, Jason Aldean, Tim McGraw, Montgomery Gentry and Sugarland, to name a few. He's rocked the Tundra Tailgate stage at Lambeau Field, various summer festivals and even Summerfest.

But whether it's before big crowds and for big names, or local establishments, Army veteran and Milwaukee VA Medical Center employee, Dave Brees, is always all smiles as he takes the stage.

That was the scene March 2 as he casually walked onstage with a huge smile on his face at Bootz Saloon and Grill and kicked off a night of fun for the crowded dance floor and cheering fans.

From the moment they began to cover Thomas Rhett's, "Something to Do With My Hands," the crowd was dancing. By the time the band took them to some Eric Church, the packed house of fans were shouting out the chorus of "Smoke a Little Smoke," louder than the singer.

Being on stage in front of screaming fans who want to dance and have a good time is nothing new for Brees – on the weekends at least.

"I'm a rock star on the weekend and then it's back to reality on Monday," he said.

Brees is the bassist in the Milwaukee-based, country cover band, Georgia Overdrive, and the mailroom supervisor at the Milwaukee VA Medical Center.

His service to his country and service on stage have almost always gone hand in hand. Of his five years as an engineer in the Army, Brees was stationed in Germany from 1982 to 1985, with a roommate who already knew how to play. A recreation center across the street from his barracks rented instruments, and a string of

Above: Dave Brees plays to the crowd during a recent "Georgia Overdrive" gig. The Army veteran and mailroom supervisor at the Milwaukee VA Medical Center has opened for some of the biggest names in country music.

Opposite Left and Right: Navy Veteran Steve Johnson, left, and Army Veteran Dave Brees, jam on stage. Johnson is married to Dave's daughter, and the two play in the band, "Georgia Overdrive."



fortunate events tied it together.

Brees had no shortage of musical inspiration to motivate him either.

“I’ve always loved Elvis,” Brees said. “He’s the king of rock and roll.”

Looking at the pictures on the wall around his mailroom office, that wouldn’t be hard to guess, with a larger-than-life Elvis postage stamp picture as a nod to his career field and “The King.”

“I actually got to meet Scotty Moore, Elvis’s original guitarist, D.J. Fontana, his original drummer, and Jim Molly, his engineer,” Brees said with excitement.

His love of Elvis is apparent in his wardrobe, too.

“It used to be all I owned was Elvis shirts,” Brees said. “But I’ve scaled back now. I always wear either a music shirt or Packer shirt.”

There’s always something else to remind him. Brees owns a Basset hound named Grace Lyn. Say that five times fast and you hear Elvis’s famous Graceland. No coincidence.

Despite being in a country band, Brees calls himself a “70s rocker man.”

“I love Aerosmith, AC/DC, Ted Nugent, Lynyrd Skynyrd and really any southern classic rock,” he said.

So where did the country come in? It was already kind of there.

“I love old school country, but I like the new stuff, too,” Brees said. “I wasn’t a big country guy, but I got asked to play a couple songs in a studio for some friends and ended up getting hired for a country band,” Brees said. “I’ve been playing country ever since.”

That was good news for Brees’ wife, Carla, who is also the logistics division manager at the Milwaukee VAMC.

“I will never forget the day that a country music band asked Dave to join,” Carla said. “I was so thrilled that he would be playing country music.”

For the next 10 years, Brees was the bassist for a local band, Great Guns. He became close friends with the guitarist, John Getner.

“We go way back,” Getner said, “and Dave is just an all-around great guy.”

When Great Guns disbanded, neither were ready to stop playing.

“We were playing at West Allis Western Days, and my son-in-law sang and he was good, so we formed a band,” Brees said.

Navy Veteran Steve Johnson is the lead rhythm guitarist and male vocal force for Georgia Overdrive. He’s able to cover a wide range of country songs impressively and keep the audience yelling out some “Yee-haws!”

He’s also married to one of Brees’ daughters.

Some may say work and play don’t mix well, especially with family, but Johnson said he and Brees have gotten along great since the day they met.

“Working with Dave is one of the coolest things I get to do,” Johnson said. “I’m very blessed to share the experience of building this band from the ground up.”

Despite the stories he has of celebrities Brees remains humble.

“I’m just in it,” he said, “to play my bass and play some music.”



VETERAN HR SPECIALIST ERICK WALTON

By Kimberly Jackson

Each morning, Erick Walton arrives at his self-proclaimed “dream job” at the Veterans Health Administration Service Center in Cleveland as a VA human resources specialist. A Veteran of Desert Storm and Desert Shield, Walton feels closely tied to VA’s mission and has been driven to serve his fellow Veterans since his days on the battlefield.

“Serving Veterans is something I’ve always wanted to do,” he said. “And now, I’m able to do that every day.”

Walton gained experience in HR in both the private and public sectors prior to joining VA. While he enjoyed the work, he continued to look for ways to link his career in HR with his commitment to helping Veterans.

He got his first opportunity when he worked as a contractor helping disabled Veterans find government jobs. Walton thrived in this role, drawing on his personal experience to better relate to and build trust with the Veterans he helped. When his contract ended, he jumped at

the chance to apply for an open position at VA. With nearly 10 years of DoD experience, Walton transitioned smoothly into VA in 2007.

“A lot of the work is pretty much the same as I’ve done before,” said Walton, “only I like it better because working at VA, I feel like I’m able to make more of a difference in Veterans’ lives.”

As one of VA’s nearly 4,000 HR professionals, Walton plays a key role in building a 21st-century VA workforce. From pay and benefits to recruitment and hiring, VA relies on its HR team to make sure the right employees are in the right positions to most effectively serve the nation’s Veterans. As the Veteran employment coordinator at his facility, Walton takes it a step further by helping Veterans find a job at VA.

“I’ve seen first-hand how valuable it is for VA employees to have personal experience as a Veteran. From our perspective, hiring Veterans is a win-win situation.”

Today, Walton focuses on

employee development and training. He coordinates training for all HR staff at his facility, projects future training needs, and is an instructor for certain courses.

Earlier in his VA career, Walton and other HR professionals struggled to find the kind of training they needed. Now, VA’s HR Academy fills this gap, delivering courses that are tailored to VA’s HR processes and requirements. As an employee development specialist, Walton has come to rely on HR Academy’s offerings.

“HR Academy is really on track with its classes,” he said. “I can tell that a lot of research has gone into determining what training is needed for VA’s HR professionals and how it can be continuously enhanced and improved. I’ve had great success working with HR Academy, both in my own professional development and in helping other HR staff with their training.”

“As both a customer and an employee, I think VA is a perfect fit for me.”



By Christopher Conklin

Most people could use a helping hand from time-to-time, and that is certainly true of Veterans in the Community Living Centers at the VA Tennessee Valley Healthcare System in Murfreesboro. That's why the health care system is implementing a new volunteer program to give Veterans a little extra help and attention during meal times.

The program is fittingly named "Helping Hands," and its core is volunteers who provide assistance to Veterans needing help to eat. The program's purpose is to ensure VA Tennessee Valley Veterans have the extra attention they deserve and the nurses are happy to have the help for Veterans.

Rita Jordan, nurse educator for VA Tennessee Valley's Geriatric and Extended Care Service, is training volunteers.

"We are extremely happy to have these volunteers," said Jordan. "These volunteers will be a great asset to the team helping to improve quality of life for the Veterans we serve. They will be able to spend the extra time the Veterans want at meal time and give them some extra attention," she said.

Kim Pham, a student at Middle Tennessee State University, volunteered to assist Veterans after learning about it through the VA Tennessee Valley Voluntary Service Office.

"I just want to make a difference in people's lives," said Pham. "This is a great opportunity to give back to Veterans. I just hope volunteering for this helps those I help feel special. I also hope I am able to encourage others to volunteer."

Pham and two other

HELPING HANDS

volunteers were part of the initial pilot training held in November providing basic skills to assist with Veteran meals.

"This training and the opportunity to volunteer gives me a lot of hands-on experience in a medical setting," said Pham, who is expected to earn her degree in health care administration this May. "I am grateful for that, but I am also happy to have the chance to just spend time with Veterans and listen to their stories," she said.

NCA/Ancestry.com Partnership Provides Burial Records Dating To The Civil War

VA cemeteries by the numbers:

131 national cemeteries in 39 states and Puerto Rico

33 soldiers' lots and monument sites

72 cemeteries dating back to the Civil War

3,700,000-plus buried, from every war and conflict

20,000-plus acres of VA cemeteries

VA partnered with the Internet-based genealogy research firm Ancestry.com to bring burial records from historic national cemetery ledgers into the digital age. The effort will make the collection—predominantly of Civil War interments—accessible to researchers and Ancestry.com subscribers undertaking historical and genealogical research.

“We are excited to be able to share this wealth of primary documentation,” said VA Under Secretary for Memorial Affairs Steve L. Muro. “With the help of Ancestry.com, we have opened the doors to thousands of service members’ histories through the information contained in these burial ledgers.”

From the 1860s until the mid-20th century, Army personnel tracked national cemetery burials in handwritten burial ledgers, or “registers.” Concern for the fragile documents and a desire to expand public access to the ledger contents led the National Cemetery Administration to duplicate about 60 handwritten ledgers representing 36 cemeteries using a

high-resolution scanning process.

The effort resulted in high-quality digital files that reproduced approximately 9,344 pages and 113,097 individual records. NCA then transferred the original ledgers to the National Archives and Records Administration, where they will be preserved. NARA was already the steward of at least 156 military cemetery ledgers transferred from the Army years ago.

In 2011, NCA initiated a partnership with Ancestry.com to index its cemetery ledgers, allowing the data to be searched or browsed in a variety of ways. Ancestry.com spent more than 600 hours indexing NCA’s records at no charge to the government.

Ancestry.com has assembled the digitized and indexed NCA burial ledgers with those at NARA into a new collection, “U.S. Burial Registers, Military Posts and National Cemeteries, 1862-1960.” The burial records contain information such as name, rank, company/regiment, date of death, age at death, date of burial and grave number. A large number of Civil War soldiers were

buried where they fell in battle or in temporary cemeteries, and sometimes that information, along with religious affiliation, can be found in the ledgers.

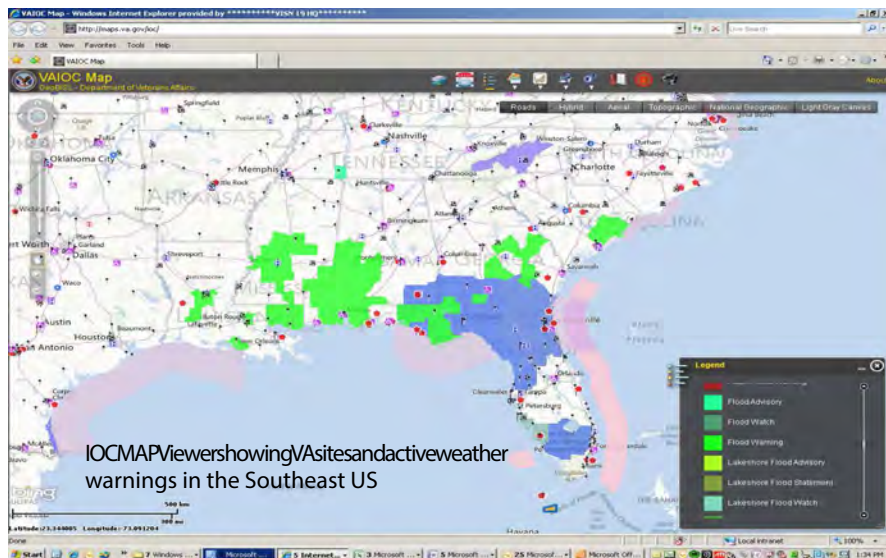
The collection was posted on the Ancestry.com website on Veterans Day 2012. The information can be accessed free of charge by VA personnel as well as by employees of the other federal agencies that maintain national cemeteries, the Departments of Interior and Defense.

Ledger data will also be available for free at all NARA facilities, and at public libraries that subscribe to Ancestry.com. NCA cemetery staff will use the database to answer requests from the public. The general public will have access to the database on their personal devices through Ancestry.com’s regular subscription service.

This partnership between Ancestry.com and NCA supports NCA’s ongoing Civil War 150th anniversary commemoration (2011-2015). For more information on this project, contact Sara Amy Leach (sara.leach@va.gov), NCA senior historian.

VA operates 131 national cemeteries in 39 states and Puerto Rico and 33 soldiers’ lots and monument sites. Seventy-two of VA’s national cemeteries date from the Civil War. More than 3.7 million Americans, including Veterans of every war and conflict—from the Revolutionary War to the operations in Iraq and Afghanistan—are buried in VA’s national cemeteries on approximately 20,000 acres of land.

GIS: A New Way to Solve Problems



Most of us know from our earliest days in high school geometry that the shortest distance between two points is a straight line. But taking that straight line is almost never possible. Geographical Information Systems (GIS) can help navigate these complex decisions by placing data on maps to reveal location or spatially based relationships. VA is currently creating a common data system that will include GIS technology in an array of tools that will help decision makers, researchers and veterans.

To leverage its own data capabilities, VA is creating a common pool of data and common tools to be housed in the Corporate Data Warehouse (CDW).

“We are creating an enterprise GIS infrastructure with a community of data for use throughout VA,” said Jack Bates, Director of the Business Intelligence Service Line (BISL). “This

will allow a community of like minded individuals to share a united analytic and GIS capability across the department.”

In the past, researchers, such as Sandra Winkler, a research health scientist at the Miami, Fla., VAMC have used data from multiple sources to answer questions that help VA determine how good a job it is doing providing equal levels of care and access to the veterans.

“It’s really about equity in the provision of devices,” Winkler said. “You shouldn’t have to go to one facility vs. another to get the most appropriate device. In the VA, every veteran deserves an equal level of treatment.”

Winkler utilizes CDW data in her research, which she says is “good to have, particularly since requesting permission to access the data is also centralized.”

VA’s use of data warehous-

ing began in the late 1990s when datasets from databases such as the Financial Management System and Consults and Computerized Patient Record System were pooled into Veterans Integrated Service Network (VISN) data ‘warehouses’ and “people began to see the utility of having access to data from multiple sources in one location,” said Rob Woody, Director of the Region 1, Regional Data Warehouse. “In late 2009 regional data warehouses began to feed into a unified Corporate Data Warehouse under the Business Intelligence Service Line”. Users were able to access CDW data with analytic tools such as Microsoft Excel and ProClarity.

“This unified data is now being extended to include GIS layers, images and tools. We want GIS to be mainstream for business intelligence and analytics” said Jack Bates.

The GeoBISL will allow users to connect geographical information to the entire spectrum of VA data.

“While access to patient protected information (PII) will be restricted, researchers and decision makers that need such data will be able to access it.” said Michael Villeneuve, GIS Manager in the VA’s Office of Security and Preparedness. “When we pull together our four data pillars that include data about people, real property, personal assets, and services to veterans, we are able to see relationships in the data that we couldn’t even imagine before.”

Customer Feedback Leads to Improved IT Service

The annual IT Customer Satisfaction Survey was conducted in October 2012 and detailed reports are now available on the IT Performance Dashboard. This year's survey achieved the highest response level to date with nearly 44,000 respondents. Congratulations to all who improved their score! Below are some of top performing facilities according to this year's results:

Highest American Customer Satisfaction Index ACSI Scores:

- Eastern Area, Togus Regional Office-96
- Central Area, Muskogee Regional Office-96

- Region 1, VISN 21, Manila Outpatient Clinic-92
- Region 3, VISN 7, Dublin VAMC-90
- Western Area, Anchorage Regional Office-90
- Central Area, Chicago Regional Office-90
- Eastern Area, Baltimore Regional Office-90
- Southern Area, San Juan Regional Office-90

Most Improved Scores:

- Region 2, VISN 17, VA Texas Valley Coastal Bend HCS-26
- Eastern Area, Newark Regional Office-20

- Region 1, VISN 20, Roseburg HCS-22
- Region 2, VISN 12, Iron Mountain VAMC-19
- Region 1, VISN 20, Spokane VAMC-19
- Eastern Area, Wilmington Regional Office-19

OIT has implemented a Continuous Feedback Driving Service Improvement Initiative and continues to gather customer comments from the field with structured quarterly interviews at select facilities.

For complete results visit the IT Performance Dashboard at www.oit.va.gov/dashboard.asp.

Health care Analytics Certificate Program Develops Skills

VA employees were recently certified in health care analytics for the first time through a VA program aimed at creating a culture to identify patterns in data and translate it into improvements for Veteran health care.

The 42 graduates are the first to have completed the Healthcare Analytics Certificate Program. The program helps develop expert knowledge and skill in performing complex data analysis, translating information into knowledge, leading teams in identifying relevant data, and coaching and mentoring others in the use of data.

Nearly 500 other employees are enrolled in one or more

of the program's four courses, each of which lasts 10 weeks and typically requires six hours of class time and homework per week. These courses focus on health care data analysis, systems improvement, data mining and project analysis. "There are many advanced analytic skills and techniques that I learned that I incorporate into my everyday work and projects," one graduate said. "Veterans benefit because I am able to help others locate data more quickly and really focus on the true question, ensuring that outcomes match what is intended for specific projects at the outset."

The certificate program is a

training opportunity associated with VA's Health Informatics Initiative, which helps to build a sustainable, collaborative relationship between VA's health care system and the Office of Information and Technology, further transitioning VA to a patient-centered model of care.

The program was developed in conjunction with the VA Nebraska-Western Iowa Health Care System and the Midwest Mountain Veterans Engineering Resource Center, or VERC, through its affiliation with the University of Nebraska Lincoln Department of Industrial and Management Systems Engineering.

“GI Bill” Finally a VA-owned Registered Trademark

“GI Bill” is a registered trademark with the U.S. Patent and Trademark Office, and VA is the sole owner of the mark.

On April 26, 2012, President Obama signed Executive Order 13607, directing VA, the Department of Defense, and the Department of Education to undertake a number of measures to “stop deceptive and misleading” promotional efforts that target the GI Bill educational benefits of service members, Veterans, and eligible family members and survivors. One of the key components of the order was for VA to register the term “GI

Bill” as a trademark to protect individuals and ensure they are directed to the right resources to make informed decisions.

In addition, VA obtained the rights to the GIBill.com website after the original owners agreed to give up the site. VA is taking a proactive approach in continuously taking action to eliminate fraudulent marketing and recruiting practices.

“Trademarking ‘GI Bill’ is a great step forward in continuing our mission to better serve this nation’s service members, Veterans, and their families,” said Allison A. Hickey, VA

undersecretary for benefits.

VA will issue terms of use for “GI Bill” within the next six months.

“We want to ensure the right balance with these new guidelines so that our stakeholders can still promote GI Bill and we can prohibit others from using it fraudulently,” said Curtis L. Coy, deputy undersecretary for economic opportunity.

Since August 2009, VA has paid more than \$23.8 billion in Post-9/11 GI Bill benefits to more than 866,000 Veterans, service members, and dependents.

Welcome VHA’s Special Assistant for Community Engagement

Dr. Jennifer Lee was appointed in October 2012 as the Veterans Health Administration’s Special Assistant for Community Engagement. She works out of the Office of the Principal Deputy Under Secretary for Health in VA Central Office.

“I’ll be helping VHA work with community health care providers and organizations in promoting the health and wellness of Veterans and in understanding and supporting the care we provide, building upon the tremendous work undertaken by the First Lady’s Joining Forces Initiative,” Lee said.

Joining Forces is a comprehensive national initiative to mobilize all sectors of society to give service members and their families the opportunities and

support they have earned.

Lee joined VHA after serving as a White House Fellow in VA’s Office of the Secretary, where she was the VA liaison to Joining Forces.

Prior to the fellowship, Lee was an assistant professor of Emergency Medicine at George Washington University with a joint appointment in the Department of Health Policy. She was also the director of the George Washington University Emergency Medicine Health Policy Fellowship Program.

Lee previously served as a health policy fellow on the U.S. Senate Health, Education, Labor, and Pensions Committee and was appointed by Gov. Tim Kaine to serve on the Virginia Board of Medicine from 2008

to 2011. She received her bachelor’s degree from Yale University and her M.D. from Washington University School of Medicine. She completed her residency

training in emergency medicine at Johns Hopkins University.

“Dr. Lee will certainly be a tremendous asset to the Veterans Health Administration,” said Principal Deputy Under Secretary for Health Dr. Robert Jesse. “Most importantly, she’ll be a tremendous asset for the Veterans we are honored to serve.”



VA RESEARCH CURRENTS

VA Study Finds That Shorter Hospital Stays are Usually Better for Patients

A shorter stay in the hospital can actually be more beneficial to you than a longer stay, according to a VA study that appeared in the Dec. 18, 2012, issue of *Annals of Internal Medicine*.

“This study shows that a large health care system like VA can improve both quality and efficiency to provide better, more cost-effective care,” said Dr. Peter Kaboli, a hospitalist at the Iowa City (Iowa) VA Health-care System and the study’s lead researcher. “Ultimately, the focus should not be how long a patient is in the hospital, but ensuring they get the care they need as efficiently as possible and get them out of the hospital as soon as they are ready.”

Kaboli and his research team came to this conclusion after examining the records of more than 4 million Veterans hospitalized at 129 VA medical centers between 1997 and 2010.

“People come to the hospital for all kinds of medical conditions, so for our study we looked at everybody,” the researcher said. “But we also zeroed in on some of the more common health

issues like heart failure and pneumonia.”

As the study progressed, an interesting pattern began to emerge: hospital stays at VA decreased by almost 30 percent over a period of about 14 years.

“We initially thought this might translate into higher readmission rates and death rates,” Kaboli said. “It turned out to be just the opposite: readmission rates went down by 16 percent. Death rates went

“It’s all about listening to the patient so we can determine what their needs are, what their goals are. The patient needs to be at the center of the whole process.”

down by 3 percent.”

The take away from all this? “The individual needs to be in the hospital for as long as it takes to address their medical issues, and no longer,” Kaboli observed. “Everyone is different ... one patient might be able to go home within 48 hours. Another patient might not be able to go home for five days.”

Kaboli said VA’s success in lowering readmission rates while simultaneously reducing hospital stays points to an increased level of efficiency. He attributes this increased efficiency to three big factors.

“First, throughout VA we’ve been working hard on improving the coordination that occurs between the hospital and our outpatient services,” he explained. “Successfully transitioning out of the hospital into outpatient care is so critical. The patient’s health and well-being depend on this transition being done correctly.

“Second,” he continued, “we’re working hard on constantly improving the quality of the care we provide. For example, care at VA is now delivered by Patient Aligned Care Teams—a team of specialists who coordinate closely with one another regarding the patient’s case. The patient is a big part of this team.”

The third big factor? Specialization.

“VA has adopted the use of hospitalists at over 80 percent of our medical centers,” Kaboli said. “Hospitalists are physicians who specialize in the care of hospitalized patients. Care delivered by hospitalists has been shown to be more efficient and can result in higher quality health care.”

Kaboli said quality health care occurs when everyone—the patient, the patient’s family and hospital staff—are communicating with one another.

“In the end,” he said, “it’s all about listening to the patient so we can determine what their needs are, what their goals are. The patient needs to be at the center of the whole process.”

VA Maryland Health Care System First in State to Offer 3D Mammograms

The VA Maryland Health Care System has become the first health care system in the state to offer three-dimensional mammograms and the first VA in the country to offer this new technology to women Veterans.

“This new technology, known as breast tomosynthesis, allows doctors to examine breast tissue one layer at a time, rendering deeper and more accurate readings,” explained Dr. Eliot Siegel, chief of Imaging Service at the VA Maryland Health Care System and a professor at the University of Maryland School of Medicine.

“Because the new machine takes multiple images of the breast in just seconds and produces a 3D image of the breast tissue in one-millimeter layers, it allows for more accurate readings and the ability to detect cancers earlier when they are most treatable.”

Siegel said the more accurate readings will mean substantially fewer call-backs, which in turn will result in fewer biopsies as well as higher cancer detection rates.

“It was a very positive experience,” said Cate Conroy, a 49-year-old Army Veteran who recently had her first 3D mammogram at the VA. “There’s still a bit of discomfort ... but it



was a definite improvement over the standard mammogram. I was pleasantly surprised ...

“The real plus,” she added, “is that the technician was able to review the images right away, without even having to leave the room, to see if she’d gotten a good image. It made the whole process a lot smoother. The whole appointment went a lot quicker.”

Dr. Rakhi Goel, director of breast imaging at the VA Maryland Health Care System in Baltimore, said 3D mammography allows doctors to more clearly evaluate breast tissue. “This improves our ability to understand sooner

when there is a potential cancer—and when there isn’t,” the radiologist explained. “It also reduces the need for unnecessary follow-up appointments and undue worry by our Veteran patients.”

During the 3D mammography procedure, the X-ray arm sweeps over the breast, taking multiple images in just seconds. 3D mammography uses high-powered computing to convert the images into a 3D image, which can then be examined by a doctor one “slice” at a time. Fine details are more clearly visible and no longer hidden by the tissue above and below.

Tuscaloosa Welcomes New Director



The Tuscaloosa VA Medical Center has a new director, Maria R. Andrews, who began her new job in March. The Tuscaloosa VA serves nearly 20,000 Veterans.

Andrews replaces former Director Alan Tyler, who

retired in January after working in the VA system for 40 years.

“Alan’s legacy is that he expanded services here at Tuscaloosa in recent years,” Andrews said. “I hope to continue that growth. I’m excited about the process of taking this already well-functioning organization to the next highest level.”

A native of Pennsylvania, Andrews is the first female director of the Tuscaloosa VA. She has spent 34 years working in the VA system, starting as a dietitian intern in Chicago, then moving up the ranks.

Over the years she has worked for the VA in Albuquerque, N.M.,

Wilkes-Barre, Pa., Philadelphia, Pa., Chicago, Ill., and El Paso, Texas. Before coming to Tuscaloosa, she served as associate director of the VA Southern Nevada Healthcare System in Las Vegas, where she oversaw close to 2,000 employees and a \$400 million budget.

Andrews is a graduate of the Senior Executive Service Candidate Development Program and Leadership VA. She holds a Masters Degree from Marywood University in Scranton, Pa., and a Bachelor of Science Degree from Rutgers University in New Jersey. She possesses a post-graduate certificate in Gerontology.

Chaplain Benjamin Vegors

By Linda Wondra

On Sept. 25, 2012, Chaplain Benjamin Vegors quietly celebrated his 90th birthday; 40 of those years have been devoted to serving Veterans at the Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, Wash.

He stills maintains a daunting 40-hour work week counseling Veterans, conducting weekly chapel services, and responding tirelessly to numerous other requests—all because of his dedication to serving others.

When asked what called him to the ministry, Vegors is quick to mention a pact he said he made with God while serving

in the Army Air Corps during World War II. He flew 30 missions without incident. On three occasions, however, he missed getting on the planes, and on all three occasions, those planes crashed with no survivors.

Following his discharge from the military, Vegors went back to school and then seminary, where he met his future wife, Betty. He said it was love at first sight, and two years later, they were married.

His pastoral career began in Astoria, Ore., followed by a 10-year post in Junction City, Ore., and then on to Walla Walla, where he met Jim Dennis,



the chaplain at the VA hospital. Dennis invited Vegors to accompany him on his night calls to Veterans. That led to an intermittent chaplaincy appointment with VA and eventually to a part-time chaplaincy position. Then in 1972, he was appointed as a full-time chaplain.



Formerly Homeless Veterans To Receive Housing Assistance

Army Veteran Daniel Parker is one of many formerly homeless Veterans to receive housing assistance through the Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program. But it was another VA partnership that helped to make his new apartment a home.

On Dec. 12, 2012, Parker became one of the first few recipients of donated beds, couches, tables and other household goods through Team AMVETS: Welcome Home, a partnership between VA and AMVETS Department of California Service Foundation.

“This was truly a blessing—the VA is here to help us,” Parker said. “This is one of the best programs I have ever seen that VA put together. All the representatives of AMVETS came together to deliver the furniture to my home. They were so caring. I’m very thankful for this program and everyone has been so respectful and kind.”

Since 2009, the HUD-VASH program has provided thousands of homeless Veterans with Section 8 housing vouchers, including about 1,000 per year to California Veterans. The program follows a “housing first” model, which allows homeless Veterans to rent privately owned housing and, at the same time, access clinical and supportive services through VA’s health care system.

But those Veterans often move into empty apartments and cannot furnish their homes until long after moving in. The VA and Team AMVETS’ partnership goal is to eventually offer furnishings and household items to HUD-VASH recipients throughout the state. Both programs are in support of VA’s goal to end Veteran homelessness by 2015.

“Rebuilding a life is not easy, but now Veterans can get started with this crucial support. Transforming a house to a home will transform a life,” said Sharon Elefant, VA Homeless Coordinator for Southern

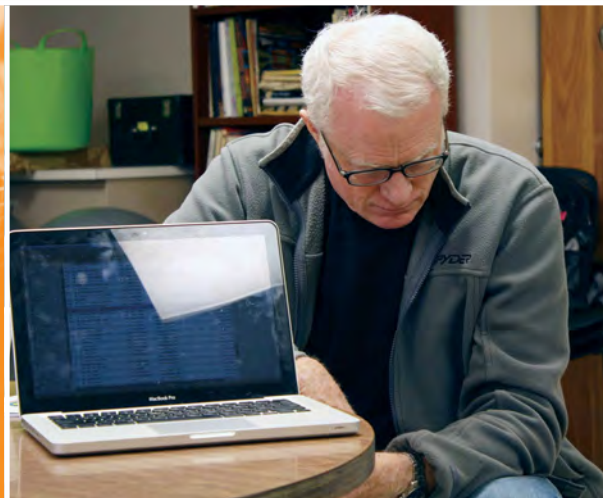
California and Southern Nevada.

The Team AMVETS: Welcome Home program will begin in the San Diego and Long Beach areas—where the homeless Veteran population is relatively high—and is expected to expand to other parts of Southern California soon.

“Team AMVETS is pleased to provide furniture and other household items to Veterans who have been homeless but are now in the process of rebuilding their lives,” Team AMVETS President Jim Pidgeon said. “We hope the items we provide to a HUD-VASH recipient will transform an otherwise empty housing unit into a true home for that Veteran.”

To help a homeless Veteran or Veteran at risk of homelessness, give him or her the number to the National Call Center for Homeless Veterans, 1-877-4AID-VET. The hotline connects homeless Veterans, Veterans at risk of becoming homeless and their families with the VA services and benefits they have earned.

Music Therapy Helps Soothe PTSD Symptoms



VA TVHS Public Affairs Office

With the sound of a strumming guitar ringing in the background and the scratching of pen to pad, Veteran Todd Foster of Smyrna, Tenn., writes the soundtrack to his rehabilitation from the traumas of war.

Foster and other Veterans, with help from Tina Haynes, music therapist at the VA Tennessee Valley Healthcare System in Murfreesboro, and Bob Regan, a Nashville musician and Grammy Award-winning songwriter, are using the craft of songwriting as therapy for Veterans to overcome post-traumatic stress disorder.

Foster began the songwriting therapy group in November 2012 and quickly noticed its benefits.

“This is one of the best therapies in the VA,” says

Foster. “It is such stress relief, and it really keeps you motivated. It keeps you thinking, and not of bad stuff; it really gives you a brighter perspective on how to deal with life.”

Most Veterans in the group have little-to-no experience with music. Haynes says that should not stop Veterans from participating, because the staff provides all equipment and instruction.

According to Haynes, the group offers safety, support and stimulation for Veterans to tell their stories and express their thoughts and feelings through songwriting. She says the goal of the program is to provide an environment for emotional, spiritual and psychosocial support. This, Haynes says,

will help develop insights into their struggles as well as problem-solving skills and social interaction.

“It’s important to put meaning and connect to what we have seen,” says Haynes. “While therapy is a good idea for Veterans, music therapy adds an extra dimension that is not accessed through standard ‘talk’ therapy.”

Haynes says this extra dimension provides a safe structure for Veterans to access traumatic memories and look at them objectively.

Foster agrees, but says the group offers other elements to his therapy as well. He says the program is not only fun to be part of, but there is a camaraderie that is built with other Veterans in the group.

Top Left: Bob Regan listens to a song that was written and recorded during a session of the music therapy song writing group at the Alvin C. York VA Campus of the VA Tennessee Valley Healthcare System. Right: Veterans Todd Foster and Regan work on writing a song during a session of the music therapy. Bottom: VA Tennessee Valley Healthcare System Music Therapist Tina Haynes (left) along with Regan help Foster.



The idea of creating something with other Veterans keeps him coming back. The program is so valuable to him, Foster says, that he takes vacation time from work just to attend the weekly meeting.

“We come away with a song almost every week,” says Foster. “We start talking and then we brainstorm and start jotting ideas down. Bob starts picking his guitar and then we just start piecing it all together. The staff helps us put it into a song format. Then the next thing you know, we have a song.”

Inspiration for songs varies from week to week. Foster says the group has rewritten the lyrics to Christmas carols to identify the stresses of the holiday season. Another song they wrote,

“Military Intelligence,” pokes fun at the term in a high-spirited way.

Foster and Haynes agree that while the group is light-hearted and many of the songs they write reflect the playful atmosphere, the group has a more somber side as well. That, says Haynes, helps them deal with the issues of PTSD and the memories of war.

One such song written by the group, “Still Coming Home,” clearly outlines the purpose of the songwriting group. The song highlights how many Veterans still struggle with their time in a combat zone—even years after returning from war. The song’s lyrics include the line “the battles may be over, but they rage on in our hearts.”

For more information on the music therapy songwriting

group, contact Haynes at tina.haynes@va.gov.

To learn more about how VA Tennessee Valley is serving Veterans, visit www.tennesseevalley.va.gov.

One song written
by the group,
“Still Coming Home,”
clearly outlines
its purpose.

Veterans With Traumatic Brain Injury Report Relief With Acupuncture



By Lynne Morgan, R.N., L. Ac.

The movie ‘The Hurt Locker’, which received best picture of the year in 2008, helps to portray what our veterans are being exposed to during war time. It is easy to see through the lens of a camera, why we see Traumatic Brain Injury occurring at such high rates. Traumatic Brain Injury is defined as a non-degenerative, non-congenital insult to the brain from an external mechanical force, leading to possible concussion, skull fractures, internal hemorrhage, or other internal injuries. This may result in permanent or temporary impairment of cognitive, physical, and psychosocial functions, with an associated diminished or altered state of consciousness.

Veterans are at high-risk for Traumatic brain injury and blast-related concussions because of the frequent exposure to improvised explosive devices, suicide bombers, land mines, mortar rounds, and rocket-propelled grenades. These types of injuries account for upwards of sixty-five percent of combat injuries, and of these, sixty percent of these vets have symptoms of traumatic brain injury.

Symptoms can be mild to severe. Mild symptoms include headaches, dizziness, and fatigue, lack of concentration, irritability, sleep problems, balance issues, and ringing in the ears. More severe symptoms include being easily confused, forgetful, and troubled with constant and intense headaches. Difficulty with speech and difficulty with decision making are also common symptoms that require ongoing rehabilitation. Many of these symptoms are debilitating. Too often; these returning Veterans are unemployable, and unable to attend school for re-training. This presents a tough challenge for a young Veteran who has his or her whole life ahead of them upon returning.

Medical treatment often consists of rehabilitation, mental health counseling, vocational rehabilitation, and group therapy. Patients are often on a long list of medications to treat the various symptoms. Common medications are antidepressants, sleep aides, migraine medications, anti-seizure medications, and narcotics.

At the George E. Whalen

Veterans Health Administration (VHA) in Salt Lake City, we are using acupuncture to provide some relief to these patients. Acupuncture has become one component of the Integrative Medicine program being offered, under the umbrella of Holistic Medicine. Patients are seen on an outpatient basis, where they are being treated for a variety of health issues including, chronic pain, Post traumatic stress disorder and traumatic brain injury.

With the use of even a few basic points, patients are reporting a decrease in the intensity of their headaches, better sleep, and an ability to cope on a daily basis. One of my patients ‘Jim’ came to the Acupuncture clinic for treatment of his severe headaches, and his sleeplessness. Jim, a 27-year old male, and Iraq war vet, got caught in a ‘cross-fire’ in 2003. A bullet entered his helmet, but did not penetrate his skull. The blast resulted in a blood clot located in the parietal area of his brain. For the first year, his words were slurred and his concentration and short term memory adversely affected.

Puppies Behind Bars

On work release to help Veterans

By Samantha O'Neil

There is a new employee working in the Veterans Benefits Administration at VA Central Office, and he can't help standing out from the crowd. Russell is a service dog whose partner, Marine Corps Veteran Brendan Fitzgerald, works for VBA's Education Service.

Fitzgerald started with VA in 2008 at the Muskogee (Okla.) VA Regional Office, processing education claims. Since 2010, he has continued his work with Education Service at VACO in Washington, D.C.

Fitzgerald was selected by the nonprofit Puppies Behind Bars organization to match up with a Veterans service dog after a rigorous screening process conducted by the organization. He said he got a lot of support throughout the process from numerous colleagues in VBA.

Carolyn McCollam, executive assistant to the VBA chief of staff, and Chris Holly, VBA deputy chief of staff, introduced Fitzgerald to Under Secretary for Benefits Allison Hickey, who wrote Puppies Behind Bars a letter on Fitzgerald's behalf recommending him for a service dog. Education Service Director Rob Worley and his deputy, Leigh Ann Skeens, supported Russell's integration into the office environment by explaining the purpose of service dogs to Education Service employees.

Puppies Behind Bars provides

service dogs to Veterans returning home from combat in Iraq and Afghanistan, including those who have suffered a physical injury, traumatic brain injury, or exhibit post-traumatic stress disorder. For the first year of their lives, the dogs are trained by inmates at several prisons in New York, New Jersey and Connecticut. The inmates who trained Russell kept a training diary of his time living and working at a prison in New York; they cared for Russell while working on their own rehabilitation.

Russell is the first service dog to work at VBA. He performs 80 commands, including "salute" and "watch my back." He also opens doors, turns on lights and retrieves specific items. Russell is also trained to identify stress and anxiety in his Veteran and respond with comfort and support. When commanded to "watch my back," he stands next to Fitzgerald facing backwards, and alerts him if someone approaches from behind.

Both Russell and Fitzgerald had to pass a detailed "Public Access Test" given by their trainers during their two-week pairing and training course, following standards set by Puppies Behind Bars, and must re-test each year something not all service dog organizations require.





Blind VA Doctor Sees Patients Differently

By Tom Cramer

Dr. Tim Cordes, a psychiatrist at the William S. Middleton VA Hospital in Madison, Wis., has a unique way of seeing patients: he doesn't see them at all. He's been legally blind since early childhood.

"He's very calm," said Dr. Dean Krahn, chief of psychiatry at the Madison VA. "Given that he can't see, I think that he's more attentive to everything you say. He picks up on a lot; he listens closely for the sound of your breathing, the tone of your voice ... he senses a lot about the patient, and has a unique way of picking up on things other doctors might miss."

The fact that he's super smart doesn't hurt either.

In 1998 Cordes graduated valedictorian from the University of Notre Dame, where he earned a bachelor's degree in biochemistry. He was then accepted into the MD/PhD program at the University of Wisconsin's School of Medicine and Public Health. At that time he was one of eight people out of 200 or

more of the nation's most qualified applicants to begin the elite program, which he completed in 2007. He finished his residency in psychiatry there in 2011.

When did he first realize he wanted to be a doctor? When he was in high school? Kindergarten?

"In college, I read the book, 'White Coat, White Cane,' by David Hartman," Cordes explained. "It's about a blind doctor. I found that to be inspirational. I liked science, but I wanted to do more than just research. I wanted to do something more personal, more human. So I decided to go into medicine."

Not just medicine, but psychiatry—with a special focus on addiction.

"In order to be the best psychiatrist I could be, I figured I needed to learn as much as I could about addiction," Cordes explained. "Addiction is a problem with many of our veteran patients ... it can accompany post traumatic stress disorder. When you're

Dr. Tim Cordes, a psychiatrist at the Madison VA who's been blind since childhood, has a knack for getting his patients to relax and open up. His dog Bella already knows how to relax. Photo by Jeffrey Root, Senior Medical Photographer, Madison VA

traumatized, it changes you. You don't always get 'past' it. But you can get through it.

"It's one of my jobs to help veterans work through their trauma and come out the other side of it."

It's a job Cordes seems to be exceptionally good at.

"There's a lot of pressure on people with addictions," said Dean Krahn. "They're often told they just need to change, that they need to overcome that hurdle in their lives. And their response? They'll say, 'Doc, you don't know what it's like. It's not a hurdle I can just overcome. It's just too hard.'

"But you know what? They tend to say that a lot less to Tim, because they can see he's a blind doctor, that he's had to overcome enormous challenges to get where he is. He's actually an inspiration to his addiction patients. It's like his patients are thinking to themselves: 'This guy's been blind since he was a little kid, and now he's a doctor. If he can do that, then I can stay sober today.'

"Tim's perseverance is admirable, and he is a model of determination and resilience," said Dr. Jeff Schiffman, another addiction specialist at the Madison VA. "Tim puts your mind at ease pretty quickly," he said. "He's a guy who has figured out how to get through a lot of barriers."

DMA marks two years of improving C&P



Dr. Barbara Gales, Vermont VAMC the Veteran is a doctor.

March 2013 marked the two-year anniversary of the creation of VHA's Office of Disability and Medical Assessment (DMA).

In March 2011, the DMA office was established to provide executive leadership to VHA's Compensation and Pension (C&P) programs and soon became the single point of contact for all VHA and Department of Defense (DoD) disability evaluation-related matters.

Since its establishment, a renewed focus has been placed on ensuring veterans and servicemembers receive thorough, accurate, and timely disability evaluations. And it is working. Metrics used to measure the effectiveness of program operations reflect significant improvement in the overall national quality and timeliness of all disability evaluations.

Over the past two years, DMA has improved collaboration with the Veterans Benefits Administration (VBA), DoD, the Office of Policy and Planning (OPP), C&P staffs, and other stakeholders to establish a wide range of innovative solutions that are transforming the disability examination process.

These efforts include: For the first time allowing clinicians to conduct C&P examinations on Veterans residing overseas; establishing a Disability Examination Management Contract that provides a surge capability

to perform C&P exams nationally and overseas as needed.

DMA also conducted two major workshops that provided clinicians with the most current training available and revised all of its training certification modules. Two national live satellite broadcasts were made available to assist VHA clinicians with better understanding the complexity of Military Sexual Trauma and the Veterans Benefits Management System.

Other notable successes include: Establishing a new Quality Assurance program to review disability evaluations, monitor timeliness performance and the development of an appeal process to ensure quality reviews are conducted fairly and accurately. Timeliness across the enterprise greatly improved to 26 days from 44 days and quality has remained consistently high at more than 91 percent.

DMA helped to improve Disability Benefit Questionnaires (DBQ) and successfully coordinated and executed a national DBQ/CAPRI training that allowed for the successful rollout of DBQs, modernizing evaluations for disability benefit claims.

Other achievements include: Coordinating VHA disability examiners use of VBA's Veterans Benefits Management System (VBMS) to facilitate electronic claims processing in the future; instituting an agreement with

VBA to accept telemental health examinations for disability benefit claims processing purposes, and greatly enhanced its analytic and reporting capability to gather and effectively capture disability evaluation data, and developed a single web-based dashboard that contains data that is consistent between VBA and VHA.

DMA provided significant funding to support the Integrated Disability Evaluation System (IDES) and has participated in the development of a Separation Health Assessment, a disability examination for separating/retiring Servicemembers that satisfies examination criteria for both DoD and VA. DMA is also the authoritative source for all issues related to national policy and guidance for the disability evaluation process.

In the areas of policy and communication, DMA has issued fact sheets on topics including: Examinations for incarcerated Veterans, providers for examinations for traumatic brain injury, and examination scheduling procedures.

DMA developed a team of subject matter experts to address the complex issues and provide medical opinions, reducing the backlog of these claims for disabilities claimed as a result of potential exposure to contaminated drinking water at Camp Lejeune.

LONG-TERM PATIENT CARE

Milwaukee VA Public Affairs | Steve Martinex

A skeletal home of bare wooden beams and panels of drywall is visible on the east end of the Milwaukee VA campus.

By the late summer or fall of 2013, that skeleton will transform into a cutting-edge, long-term care facility known as a Green House, according to Fred Kier, the co-division manager of the Rehabilitation and Extended Community Care department.

“It’s very exciting,” said Kier, a geriatric psychologist, as he peered out a window overlooking the construction. “Last week they didn’t have any walls up.”

This Green House, with plans for three more, marks a significant and substantial step forward in the realm of nursing home care, Kier said. These Green Houses will look nothing like traditional nursing homes – and that’s exactly the point.

When they open, Milwaukee will be one of only three VA sites with this concept of nursing home care.

“This takes the institutional setting out of nursing home care, which is something we have been moving toward since 2006,” said Mary Pfeiffer, who also serves as co-divisional manager in RECC, but has a nursing background.

“Our current Community Living Center and the Green Houses will operate at the same time, and both serve a specific need. Because the Green Houses are cozier with private rooms, front porches and sun rooms, it will be much easier for people to adapt to that environment. They’ll offer more quiet and individualized care, which is ideal for those patients who have dementia or those who fare better in a quieter environment.”

Dr. Bill Thomas, a Harvard Medical School graduate, first proposed the idea of the deinstitutionalization of nursing homes when he founded the Eden Alternative in 2003.

Thomas is a self-proclaimed “nursing home Abolitionist,” and he and his wife, Judith Rebig, turned the assisted living model of care on its head when they created the Green House Project later that same year.

The movement focuses on a revolutionary small-



house model of long-term care with a particular emphasis on elder vitality, respect, autonomy and dignity. This model of care redefines structural and cultural norms found in virtually all traditional nursing homes, Kier said.

Green Houses are small, self-contained homes that accommodate 12 or fewer residents. They feature private rooms and full bathrooms, along with family-style communal spaces like a hearth, a dining area and a central kitchen.

However, the homes can vary in size, amenities and structure, and may be built on a long-term care campus or in a residential neighborhood.

The houses will also provide patient-accessible patios, porches, walkways and gardens, or “green areas,” and will include many large windows to allow a great amount of natural light into each home.

These homes also make an



“Our veterans deserve the best care we can provide them,”

*Fred Kier, Co-Division Manager
Rehabilitation and Extended
Community Care Department*



effort to avoid the inclusion of nurses' stations, medication carts and public address systems – all of which are common in the traditional hospital setting.

All of these factors combine to make the Green House as home-like as possible, and that is very important to Kier.

“In a hospital, you treat people and then get them back home, but in long-term care (the hospital) is their home,” he said. “Green Houses are homes that people live in where they can get care.”

Moreover, the Green House movement is not solely concerned with reconstructing nursing homes. It is based on a number of guiding principles that, together, represent a culture change in long-term patient care.

These principles include supporting the privacy and security of the residents, offering meaningful activities and promoting maximum functional abilities, according to the orga-

nization's website.

The non-traditional nature of these homes even extends to the staff.

Historically, Certified Nursing Assistants are at the bottom of the care hierarchy, but, in a Green House, they are the ones responsible for meeting the residents' needs on a daily basis.

CNAs function as a sort of universal worker, managing food preparation, laundry, personal care and patient growth and opportunity. They are always on-site with the residents while physicians, nurses, therapists and other professionals comprise a visiting clinical support team.

Full-time caregivers undergo 200 hours of training in culinary arts, dementia care and habilitation, and will oversee the day-to-day care of veterans while also building personal relationships.

The Green House project has welcomed elders since 2003, and scientific research con-

ducted within the last five years has detailed the benefits of that home-like environment.

Green house residents were less depressed and better able to perform daily, living activities longer than comparable residents of nursing homes, according to a Minnesota School of Public Health study published in 2007.

In 2009, researchers at the University of Minnesota found that individuals with family members in a Green House were more satisfied with and engaged in their resident's care.

And two years later, the same group of researchers reported that resident-CNA interactions in a Green House promoted a more caring environment, interdependency and stronger ties compared to the traditional nursing home setting.

In light of all this evidence, Kier, along with Surgeon General Regina Benjamin, believes that the Green House model is the future of long-term care.

Celebrating

Central Alabama Veterans Health Care System (CAVHCS) celebrated 90 years of service at the Tuskegee Campus on Feb. 12 commemorating the establishment of the Tuskegee Veterans Affairs Medical Center.

The Tuskegee VA Hospital grew out of a need to overcome the racial segregation and discrimination experienced throughout the South by black World War I Veterans. As a result, Congress authorized the U.S. Treasury to build a hospital solely for the care of more than 300,000 black Veterans in the South.

“When you think of Tuskegee, you think of many, many brave people who have forged the way through difficult times of discrimination and bias, to overcome and in order to serve people who needed care in this region,” said William C. Schoenhard, the Veterans Health Administration’s Deputy Under Secretary for Health for Operations and Management. “It was a time, when this campus was dedicated with 300 acres donated by the Tuskegee Institute for this purpose; that a very special mission began in serving African American Veterans who needed care. And under the care of such

great leadership from directors throughout the years, we’ve seen this campus really show the way – the way in which care is rendered to those who have served this nation.”

From its origins as the Treasury Department’s Hospital for Sick and Injured Colored World War Veterans following World War I to today, VA Medical Center Tuskegee has been an active part of history, while providing comfort, aid, a teaching platform and quality care to countless Veterans.

“A number of U.S. presidents came to Tuskegee or had a major impact in Tuskegee,” said keynote speaker, Dr. Gilbert L. Rochon, president and professor at Tuskegee University. “Vice President Calvin Coolidge was here to cut the ribbon at the dedication of what is now the VA Medical Center. After he became President, in his State of the Union address he indicated how amazing it was – unprecedented in history – the progress of the American Negro since the Emancipation Proclamation – Even so far as to provide medical services and to manage the great Veterans hospital at Tuskegee.”

The Tuskegee VAMC in a way, share similarities with the

famed Tuskegee Airmen in that both were created because of segregation and yet each proved its worth through performance and leadership while fulfilling the noblest of missions.

“Had it not been for the Tuskegee VA Medical Center, black heroes would not have had anywhere to receive health care,” said CAVHCS Director James R. Talton. “But, we have to take that one step beyond, because each succeeding director of the Tuskegee VA Medical Center took it upon themselves not to have a black hospital, but to open the doors to every Veteran who served this nation.”

While planning for the future, it is often beneficial to honor and learn from the past.

“I think that it’s not an accident that it was Feb. 12, 1923 – on the observance of Abraham Lincoln’s birthday – that this institution was dedicated,” said Schoenhard. “It was Abraham Lincoln in his second inaugural address who said, ‘To care for him who shall have borne the battle and for his widow and his orphan.’ That mission continues today. And we thank all of you for all of your collective efforts in which you have made a special contribution to this very, very special mission. Congratulations.”

90 YEARS OF SERVICE



Far Left: Central Alabama Veterans Health Care System Kinesiotherapist Gloria Brown provides a stirring rendition of the National Anthem. (VA Photo by Robin Johnson)

Above and Left: "A number of U. S. Presidents came to Tuskegee or had a major impact in Tuskegee," explained Keynote Speaker and President & University Professor, Tuskegee University, Dr. Gilbert L. Rochon, reviewing the historical significance of Tuskegee. "Vice President Calvin Coolidge was here to cut the ribbon at the dedication of what is now the VA Medical Center. After he became President, in his State of the Union address he indicated how amazing it was - unprecedented in history - the progress of the American Negro since the Emancipation Proclamation."

By Laura Edwards

Though they come from different backgrounds and circumstances, the Veterans in the VA Acquisition Academy's Warriors to Workforce (W2W) Program share more similarities than differences—a sense of duty and love of country, an unparalleled loyalty to one another borne of their military service, and all have experienced the wounds of war. Many of them joined the military right out of high school with plans to devote their life to the military. But, for many of them, the injuries they sustained on the battlefield

in VA and across government, Deputy Assistant Secretary Jan R. Frye had an idea to create a program specifically for returning wounded Veterans to train them for careers as federal contract specialists. This program would address the growing shortage of this mission critical position and transition Veterans from the battlefield to the VA acquisition workforce.

“It just made sense,” said Frye, a program architect. “We had the infrastructure and talent to stand up the program at the VA Acquisition Academy located in Frederick, Md., and it aligns

care for our nation's Veterans. The cohort model provides a built-in support system and network that mirrors the team environment and camaraderie that Veterans experience in the military, easing the transition to the civilian professional world.

During Secretary Shinseki's keynote address at the W2W ribbon cutting ceremony, he said: “Their military training stressed the importance of integrity, and they've learned to work together in diverse teams to achieve difficult operational objectives. Those are precisely the attributes we value in our

VA Warriors to Workforce Program Answers the Call to Serve

abruptly ended their military careers. Now, things had changed and they had to answer the question, “What's next?”

While there has been progress in reducing the Veteran unemployment rate, in 2011, at the W2W Program's inception, there were approximately one million unemployed Veterans, and the unemployment rate for post-9/11 Veterans, particularly 18-29 years old, was and is still, significantly higher than the rest of the Veteran population, as well as the civilian population.

With a growing shortage of contracting professionals

with our mission of recapitalizing the VA acquisition workforce. The program also supports the Secretary's commitment to Veteran employment, supports agency succession planning, and supports our wounded warriors by providing them a career path where they can make a difference.”

The W2W Program became a reality in December 2011, when 23 Veterans walked through the doors of the VA Acquisition Academy ready to embark upon a new journey to become federal contract specialists responsible for buying the goods and services needed to

professional Acquisition Corps.”

The W2W Program begins as a three-year developmental journey to become eligible for a career in and learn the field of acquisition. During the first year, participants earn the 24 educational credits in business required to become contracting professionals; take peak performance training focused on managing mental, emotional, and physiological responses; learn the fundamentals of contracting; and participate in mission service. After completion of the first year, participants transfer into the two-year Acquisition Intern-

ship Program at the academy, which includes fundamental skills development for Federal Acquisition Certification in Contracting, leadership and personal skills, skill-building workshops, mission service activities, and on-the-job training.

Through collaboration with VA Veterans Employment Coordination Service, Vocational Rehabilitation and Employment Program, Veteran Service Organizations, and Department of Defense Wounded Warrior Transition Units, the program received 180 applications, and 23 Veterans from across the

taking since I had not been in school for almost 19 years.”

“This was such a big paradigm shift for them,” said W2W Program Manager David Sella. “The battlefield has little in common with the office or the classroom, but they hung in there and persevered. These interns have repeatedly demonstrated some of the many qualities that make Veterans good employees – commitment, leadership, and teamwork.”

“At first, I did not know what I was getting myself into,” said W2W intern Bryan Burgee, “but then, after a few weeks, I real-

“As I look back on the past year it has not been easy,” said Wesseling, “but I swell with pride knowing that I am only nine classes away from a bachelor’s degree in business. I think, not bad for a high school dropout that had nothing more than a mechanics background from the U.S Army.”

“I accomplished things I never thought I’d do,” said Burgee. “This program started a new chapter in my life. I’m proud to be a Veteran, and indirectly support my fellow Veterans through contracting.”

The program has been so



Wesseling



Burgee



Campbell



Sarabia

United States were chosen for the inaugural W2W class. Many had to uproot families and move across the country, and many had fears about returning to the classroom after so many years.

“When I decided to take the challenge of moving 1,400 miles from home to embark on a new life, I was not sure where I would end up,” said W2W intern Billie Wesseling. “As the only woman in the class of 23, I saw this as an opportunity to pave the way for women service members to follow in my footsteps. I was very concerned with the classes that I would be

ized this is how I am going to make a difference.”

In December 2012, all 23 Veterans in the program completed their first year and ascended into the two-year Acquisition Intern Program. Not only did 100 percent earn the business credits required to advance, their cumulative GPA was 3.7, and 75 percent of the class achieved dean’s list status. In February 2013, the interns went out on their first job rotation in VA contracting offices where they “learn by doing” under the mentorship of a senior contracting officer.

successful that the academy created and launched a W2W Program Management track cohort in January 2013 that is funded and sponsored by VA’s Office of Information and Technology (OIT). Year one program content includes IT and business college credits, mission service, foundational program management training, and peak performance training. In years two and three, participants will attend VAAA’s Program Management Fellows program.

To learn more visit www.acquisitionacademy.va.gov.



IT is at the heart of everything VA does to serve our Veterans. We support of over 300,000 VA employees who work in 152 hospitals, 791 community based outpatient clinics, 57 benefits processing offices, 131 cemeteries and 33 soldier's lots and monument sites who help over 10 million veterans a year. Supporting You. Serving Veterans.

COMMITMENT

<http://vaww.oit.va.gov>