



U.S. Department of Veterans Affairs

VAanguard

July/August 2011

Honoring the Fallen

Core Values and Characteristics

Operation Mend

Kidz Camp



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Editor: Lisa Gaegler
Assistant Editor/Senior Writer: Gary Hicks
Photo Editor: Robert Turtill
Staff Writer: Amanda Hester

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U.S. Department of Veterans Affairs
810 Vermont Ave., N.W.
Washington, D.C. 20420
(202) 461-7427
E-mail: vanguard@va.gov
www.va.gov/opa/publications/vanguard.asp

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On the cover

Ernest Cowell, an Army, Army Air Corps and Navy Veteran of World War II, Korea and Vietnam, rings the ceremonial bell after the names and citations of each of the 14 Medal of Honor recipients buried at the Los Angeles National Cemetery are read during the 2011 Memorial Day commemoration ceremonies. With 37 years of military service, Cowell, 84, remains active as coordinator of the local Joint Services Color Guard as well as with many military and Veterans organizations. *photo by Paula Berger*

Military Cultural Awareness

I love the article on page 8 of the May/June issue, “To Know Them is to Serve Them Better.” It really means a lot when anyone addresses me, a retired gunnery sergeant in the Marine Corps, by my former rank.

I make it a point when I walk down the halls of the Central Texas Veterans Healthcare System in Temple to greet everyone (male or female) with either a “Hello” or “Howdy,” and be very respectful to everyone (young or old), no matter what branch they may have served in. I want them to feel pride about what they have done, and grateful that they have the VA to come home to. Oorah!

*Mark LeSabre Campbell Sr.
Administrative Support
Assistant
Information & Technology
Central Texas Veterans
Healthcare System*

Before Military Cultural Awareness Training was created, our students, residents and fellows were told that during each first encounter with a Veteran-patient, they should ask the patient what branch of the military they served in, when and where did they serve, and what was their military occupational specialty. To those who never served (and who will never be asked to serve), it has become an experience that transforms the elderly Veteran into a war fighter, 50 to 60 years younger.

It tells those who are unlikely to volunteer what was expected of an American service man or woman when their country called. It can put their service-related disability into perspective: the patient is not a simple “lower extremity amputee” but a war fighter

who lost his leg to a tank barrage in Germany, frostbite in Korea, a sharpened, buried, feces-covered bamboo spike in Vietnam, or an improvised explosive device in Iraq or Afghanistan.

When the Veteran can sense genuine concern on the part of their caregiver, the potential for a better outcome can be anticipated. This has not been called Military Cultural Awareness but a way that each and every patient would like to be known in a VA facility. It is light years removed from the common introduction of doctor to patient in the private sector, when the first question asked is: “What health insurance plan do you have?”

*Ralph G. Oriscello, M.D.
Chief, Cardiology Division
Department of Medicine
VA Medical Center
East Orange, N.J.*

Reaching Out to the Deaf

I want to applaud the letter from Teresa Martin in the May/June edition. She described the learning process that she and her staff went through while trying to better communicate with Deaf co-workers.

As a former American Sign Language interpreter in the public schools, and active in Nashville’s large and vibrant Deaf community, I can affirm that most hearing people have no idea of the daily struggles that Deaf people endure. A quote from Helen Keller is quite instructive: “Blindness separates you from things, but deafness separates you from people.”

I’m proud to say that our facility has several Deaf and Hard of Hearing employees. It was my privilege to provide ASL interpretation earlier this year for a friend and co-worker who retired after 42 years of

federal service, the last 26 of those with the VA.

Given our mission of caring for combat-wounded Veterans, and given the higher numbers of hearing-loss cases in recent years (as a result of more-powerful roadside bombs), I think that the VA should not only try to “fix” the hearing loss via technology (hearing aids, cochlear implants, etc.), but also emphasize ASL socialization skills and integration with the larger Deaf community—some of whom are also combat Veterans.

Many of the hearing people (“Hearies”) that learn American Sign Language do so via volunteer programs, such as outreach classes at churches. (I teach one.) Many of those volunteers would be willing to give some of their time to teach ASL to a combat-wounded Veteran, or to visit with Deaf Veterans that can sign.

There are social groups built around Sign Language—such as our local Silent Dinners, which meets monthly in the food courts of area shopping malls. Wounded warriors that have lost their hearing can meet new friends, have fun, and avoid isolationism—once they have learned American Sign Language.

Reaching across the language barrier—whether spoken or signed—is a great way to make someone feel

welcomed and valued. This outreach becomes even more important when the language barrier was imposed upon someone while serving our country in combat.

*Tom Kovach
Program Support Assistant
Engineering
VA Medical Center
Nashville, Tenn.*

I have severe-to-profound hearing loss, but I still have good use of my verbal enunciations and I can communicate well, albeit quite loudly. However, trying to hear within social/work environments is another story and a true challenge for me every day. Peers in the workplace are not always sensitive to our struggles and it makes it difficult for us to feel included in many activities. Deafness and hearing impairments vary at different levels, but the struggles we encounter are consistent across the board.

It meant a lot for me to know that someone in VA cared enough to consider the daily struggles encountered by Debbie and David in their work environments. I wanted to take the time to say thank you for talking about this because it is truly an area that presents many challenges and is often overlooked.

*Heather Osborne
Support Services Division
VA Regional Office
Newark, N.J.*

We Want to Hear from You

Have a comment on something you’ve seen in *Vanguard*? We invite reader feedback. Send your comments to vanguard@va.gov. You can also write to us at: *Vanguard*, Office of Public Affairs (80D), Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420. Include your name, title and facility. We may need to edit your letter for length or clarity.

VA Learning University Hosts First Social Learning Summit

Since humans could first communicate, learning from each other has been a means of survival. As was the case centuries ago, we continue to grow communities of knowledge around stories and experiences so others can prosper from what we have learned and continue to learn. What has changed is the way we immediately and relevantly collaborate.

Social media sites like Facebook and Twitter, and collaborative spaces like SharePoint and communities of practice, provide us tools that help harness the ability to learn socially. To transform into a 21st-century organization, VA is leveraging these tools to connect the collective knowledge of its employees and foster a continuous learning environment.

That's what drove the VA Learning University to host the Department's first Social Learning Summit in Washington, D.C., on July 20. The Summit brought together social learning thought leaders in VA and industry to engage in dialogue with VA employees about social learning concepts, strategies and technologies.

"Most importantly, we wanted to start a conversation," said VALU Dean Alice Muellerweiss. "Through this conversation, we wanted to explore what social learning is, and inspire people to think of ways it could benefit VA."

The Summit was the brainchild of Muellerweiss. She challenged Dr. Reginald E. Vance, the director of VALU Learning Infrastructure, to design, develop and deploy a social learning event that would engage learning leaders about how VA can incorporate social learning into

a 21st-century VA workplace. Vance assigned a dedicated team to the task, and appointed Sara Barker, VALU program specialist, as the project leader for this effort.

The Summit began with Elliott Masie, a recognized thought leader in workforce learning, business collabora-

overlapping interests together to learn from each other, but using the technology is half the battle. He emphasized that social learning is more about learning how to learn from each other than it is about communities such as Twitter, Facebook, or the myriad other social media tools.

Steve Radick, the founder of Booz Allen Hamilton's Digital Strategy and Social Media practice, built on Masie's thoughts through a composite character named Alex, a successful young VA employee "stuck in a rut." Alex was disenchanting that his learning at VA was limited to his job description, and despite promotions and praise, he was not adequately developing as an employee. Radick demonstrated, through Alex, that effective social learning invigorates employees through connections to people and information.

Charles Gluck, a Booz Allen Hamilton expert in communities of practice, continued the story by showing Alex's experience with a community of practice. "A community of practice is a group of people who share a concern or a passion, and learn how to do it better as they interact regularly," said Gluck. "In joining a community of practice, Alex was able to learn from expertise across VA on his own terms."

Lauren Bailey, deputy director of Online Communication in the Office of Public and Intergovernmental Affairs, detailed how VA is improving communication with Veterans through social media. Bailey outlined three social media best practices: push fresh content at a reasonable pace; know your audience; and be real with that audience. These three principles, according to Bailey, help establish trusting and collaborative relationships through social media.

The Summit also spotlighted two upcoming tools that will enable social learning to occur throughout VA—the

continued on page 5

The Summit brought together social learning thought leaders in VA and industry.

tion and emergent technologies. He stepped out of a class he was teaching to appear live via videoconference, using the situation as a teachable moment.

Masie stressed that technology can bring groups with

The reason to bring social learning to an organization, Masie said, is to harness the power of conversation, and create a continuous learning environment. "Social media helps, but if people aren't engaged, then who cares?"

Craigslist Founder ‘Likes’ What He Sees at San Francisco VAMC

Following a recent visit to the San Francisco VA Medical Center, Craigslist founder Craig Newmark blogged about the good work being done there and the partnership that’s developed between the medical center and the City College of San Francisco, where more than 1,000 Veterans are enrolled under the GI Bill.

“The blog by Craig is very gratifying,” said Gregory Hinrichsen, VA’s Community Mental Health consultant. “His blog not only highlights our efforts for Veterans at the San Francisco VA Medical Center; it brings attention to our important mental health outreach efforts at Bay area colleges and universities. As Craig notes below, this outreach program is one of our model sites for the T21 initiative regarding partnering with colleges and universities attended by Veterans on the GI Bill.”

Here’s what Newmark blogged:

“There’s a lot of good stuff happening for veterans everywhere in the US, and a whole bunch happening in San Francisco. CCSF, the City College of SF, has a lot of student veterans, over a thousand, using the new

GI Bill. They have a good student lounge, and I’ve written about it and my small support for it, and have asked for your help also.

“Turns out, there’s a great VA Medical Facility in SF, getting help directly to student veterans at their facility. (First, do me a favor, check out their Facebook page and Like it.)”

Newmark is referring to the Veterans Outreach Program, developed by the San Francisco VA Medical Center.

“We provide a one-stop shopping experience at a convenient location on campus where Veterans can access information, enroll in VA health care on-site, and receive on-site mental health services and assistance in navigating both VA and university services,” explained Keith Armstrong, Veterans Outreach Program director for the San Francisco VA Medical Center. “Providing mental health care on campus allows for earlier identification and treatment of mental health problems after deployment. This, in turn, may help prevent long-term disability and improve outcomes for younger generations of Veterans.”

“This program is changing peoples’ lives,” said Derek Blumke, co-founder of Stu-



Bridget Leach, a social worker with the San Francisco VA Medical Center, talks with student Veteran Juan Valdez about the many different VA services available to him.

dent Veterans of America. “These kinds of partnerships with universities around the country are very much needed and are giving Veterans the opportunity to focus on what’s important: getting a college degree.”

Dr. Antonette Zeiss, VA’s acting deputy chief mental health officer, noted that Veterans with complex mental health needs are less likely to “slip through the cracks” when they have convenient access to comprehensive mental health care on campus.

“In addition,” she said,

“VA’s location on campus destigmatizes mental health treatment, and may ensure that student Veterans receive the services needed to achieve their academic goals.

“Our hope,” she continued, “is to take the model that we’ve developed in collaboration with City College of San Francisco and its student Veterans and replicate it, in some form, not only at Bay Area colleges and universities but also at colleges and universities across the country. Student Veterans should have easy access to VA care.”

Summit cont.

Leadership Portal and MyCareer@VA. The Leadership Portal is a website that hosts a series of online communities. On the portal, VA leaders will be able to connect with each other and subject matter experts to share content focused on improving leadership.

Victor Geary, program manager for Leadership VA, spoke about the success of piloting the Leadership Portal in

LVA. Participants are sharing information and collaborating in ways unseen in previous LVA classes. According to Geary, students are soliciting each other’s expertise on a grander scale, and taking ownership of the class because of the Leadership Portal.

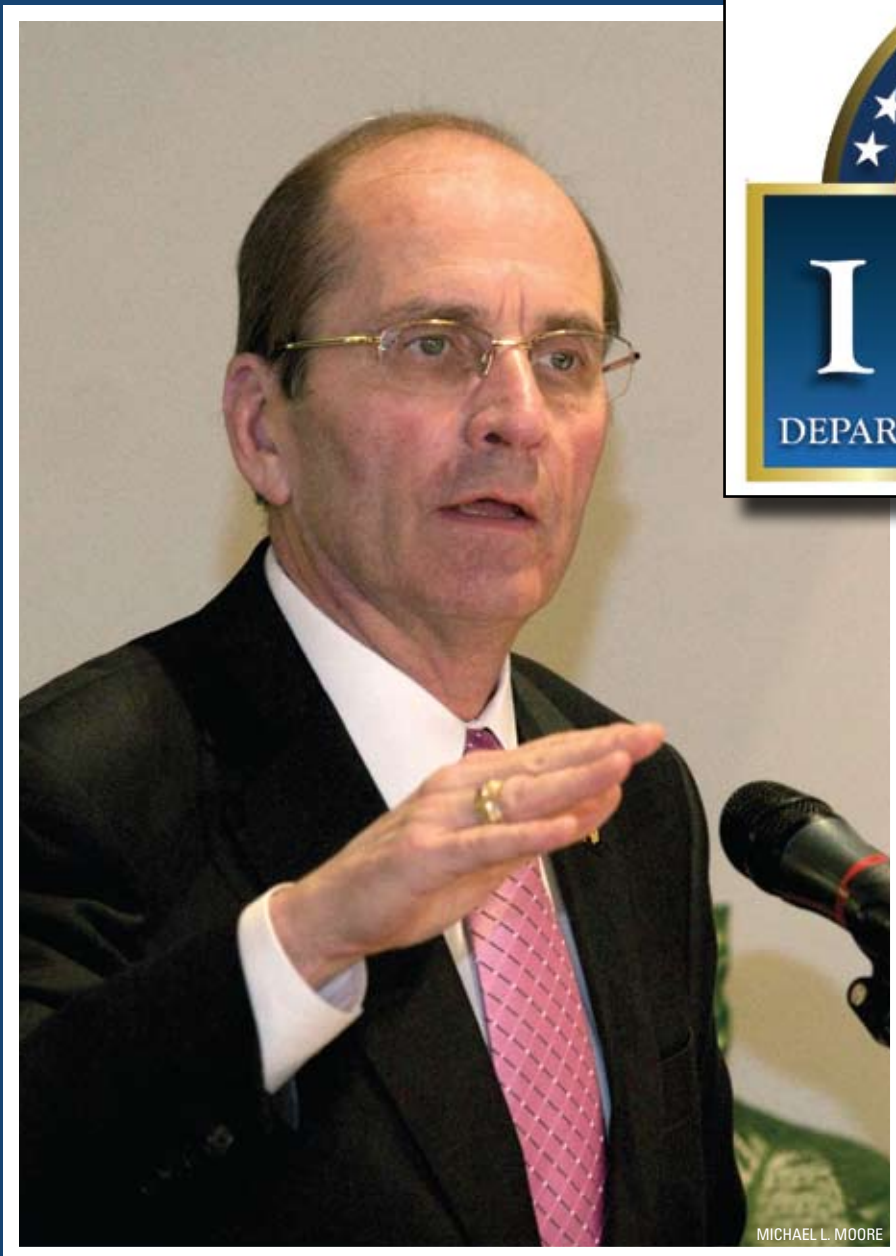
VALU Deputy Dean Dr. Arthur P. McMahan highlighted the upcoming tool MyCareer@VA, a cutting-edge career development program

that helps VA employees map their careers. He demonstrated throughout his presentation how social learning and an individual’s career arc relate.

“The three things that drive us to work every day are to be people-centric, forward-looking, and results-driven,” McMahan said. “Social learning allows us to do all three.” MyCareer@VA and the Leadership Portal are scheduled to launch in the fall.

VALU plans to hold additional Social Learning Summits across the country. “This was a great start,” said Muellerweiss, “but we’re just getting started.”

To learn more about social learning and how VA is using it, visit the Social Learning Community of Practice and Vance’s blog at vaww.infoshare.va.gov/sites/VALU/006vc/SocialLearning/default.aspx.



Left: VA Chief of Staff John Gingrich helped lead the two-and-a-half-year effort to develop VA's Core Values and Core Characteristics. The effort involved participants from VA Central Office and all three administrations; above: The official I CARE logo.

Who We Are, What We Stand For

The journey to develop VA's Core Values and Characteristics was long and transformational for the employees who participated.

As VA Secretary Eric K. Shinseki and his senior leadership team began assessing agency operations after his arrival in 2009, one thing kept cropping up: the lack of an overarching set of core values that unified the workforce. On June 20, the Secretary announced VA's Core Values and Characteristics in a message to all employees.

Vanguard sat down with VA Chief of Staff John Gingrich to talk about how these Core Values and Characteristics came about, and what they mean for the Department and its 315,000 employees. As Chief of Staff, Gingrich works closely with the Secretary and Deputy Secretary in managing day-to-day operations of the federal government's second-largest Cabinet department.

His background includes extensive experience in both the federal government and the corporate world. He retired from the Army as a colonel in 2001, after a 30-year career that included service in the Gulf War. Gingrich comes from a family with a long line of military service—his father served in World War II, and his grandfather served in World War I.

Q: Can you provide some insight on why you believe developing Core Values and Characteristics within VA is important?

A: As the senior leadership team made different assessments during the past few years, an area that continually surfaced was the absence of an overarching set of core values that applied to all VA employees. These new Core Values and Characteristics provide a common ground and compass by which we can all communicate both with each other and with people outside of VA.

Every member of our VA team plays a critical role in supporting our strategic mission—to best serve our Veterans, their families, their caregivers and survivors—and also contributes to our reputation as an organization. It is important for all of us to operate with the same Core Values, and for all VA organizations to strive to embody the same Core Character-

istics. We now have the foundation to enable us to do just that.

Q: Please describe the process you used to develop the Core Values and Characteristics. How are these Values and Characteristics being introduced to the workforce?

A: The process used to develop these Core Values and Characteristics was thorough, collaborative and inclusive. It involved participants from VA Central Office and all three of our VA administrations—Health, Benefits and Cemeteries—and it took nearly two-and-a-half years.

This transformational journey began in 2009 and got back to the basics as we asked important questions, such as “How well are we performing our mission?” “What is changing in our operating environment and how do we respond to that change?” “What is working, and what isn't working so well, and why?” Included in this thorough and time-consuming process were two productive off-site meetings that included people from almost every part of the Department—one held in New Orleans and the other at Fort McNair in Washington, D.C.

The participants from the different VA organizations provided invaluable input into the development of our Core Values and Characteristics. Additionally, critical thinking around these Core Values and Characteristics involved collecting input from the VA workforce through sensing sessions, surveys, and other efforts seeking feedback, as well as discussions on a wide range of topics. Based on these activities, and the recommendations of the different panels and groups, with the support of our senior leaders, Secretary Shinseki recently approved the VA Core Values and Character-

istics highlighted in this edition of *Vanguard*. These Core Values and Characteristics reflect the consensus views as to the existing culture of VA and what the workforce believes VA should look like in the future.

Leaders at all levels throughout VA have hosted meetings this summer with their people to provide details about our Core Values and Characteristics, lead discussions about what they mean to us individually and as a Department, and address questions. The Secretary will begin introducing these Core Values and Characteristics to external audiences in August, starting with his remarks at the different Veterans Service Organization conventions.

Q: Is there a particular reason VA needs Core Values and Characteristics at this time? Does it mean the VA workforce is not currently doing something they should already be doing or acting in a certain way?

A: No—VA's dedicated workforce has always demonstrated a strong commitment to Veterans and exhibited many worthwhile values aimed at providing the best possible services, care, and support to Veterans. However, until now we have not had one overarching and enduring set of Core Values and Characteristics that applied to all VA employees at all levels of the organization.

Q: What does “I CARE” mean to you, and what do you hope it will mean to the VA workforce?

A: Our new Core Values are: Integrity, Commitment, Advocacy, Respect and Excellence, which spells out “I CARE”—the fundamental ethos we want every member of VA to embody as the most important message we

seek to convey to Veterans and other beneficiaries. Based on other life experiences, I have seen first-hand the importance Core Values can have on a large organization and the positive impact they can have on the workforce.

In a Department as large and geographically dispersed as VA—and especially given our moral obligation to Veterans, their families, and other beneficiaries—it is essential we have one set of agreed-upon Core Values and Characteristics that guide our individual and collective actions as well as the decisions we make and our overall direction as an organization. I anticipate our VA workforce will positively embrace these Core Values and Characteristics, and look for ways to exemplify them in their daily work environment.

Q: Do you envision these new Core Values and Characteristics will have an effect on Veterans' perceptions of VA?

A: Well, that is a very important part of our goal. Our Core Values spell out

“These new Core Values and Characteristics are more than just words. They represent our promise to do our best, every day, to perform our crucial mission.”

the words “I CARE,” which certainly is an appropriate message for us to convey to Veterans and other beneficiaries. Typically, the most important factors that influence perceptions are actions and behaviors, not words.

These new Core Values and Characteristics are more than just words. They represent our promise to do our best, every day, to perform our crucial mission of caring for Veterans, family members, and other beneficiaries.

These Core Values and Characteristics will help focus all of us in the VA workforce on these important and desirable principles, and they will

undoubtedly influence behavior. The Values and Characteristics and associated “I CARE” logo will also send a strong signal that we take pride in what we do and we care deeply about our mission. It underscores our commitment to “caring” and is one of many ways we demonstrate VA is a people-centric organization. As these Core Values and Characteristics become synonymous with our workforce, I believe it will have a positive effect on the perceptions Veterans and others have of VA.

Q: How will VA sustain these Core Values and Characteristics over time, and will VA organizations and individual workers who exemplify these values and characteristics be recognized in any special way?

A: Core organizational values are enduring; by their nature they are made to withstand the test of time. They are not linked to any particular person or group, so although people come and go within VA, our Core Values will remain constant. They become the foundation of our VA culture and will

form the base upon which everything we do as an organization is built.

As part of a healthy and introspective process, all successful organizations occasionally review their environment, missions, organizational design, business practices, standardized procedures, and other key enablers to verify if any revisions are appropriate in an ever-changing and complex world. This type of introspective and analytical process could include reviewing the Core Characteristics to verify if all existing characteristics are still serving the purpose for which they were created.

In regards to special recognition


for individual VA employees and organizations, we are in the initial stages of developing a program which will enable us to identify the members of our VA workforce as well as those VA organizations which best exemplify our Core Values and Characteristics. This program will be enterprise-wide, involve all three of our administrations and VACO, and will include an annual banquet in Washington hosted by the Secretary at which time the winners in the different categories will be recognized.

Q: We understand that a new Vision for VA is being developed and will soon be approved by the Secretary. How will that Vision be linked to, or supportive of, the Core Values and Characteristics?

A: Our Core Values define “who we are.” Our Core Characteristics define “what we stand for” and what we strive to be as an organization. Our Core Values and Core Characteristics form the individual and organizational foundation on which we will develop VA’s Vision, which will define “where we are headed.”

Our Core Values, Characteristics and Vision are congruent with our three VA guiding principles: people-centric, results-driven, and forward-looking. Collectively, these principles and Core Values, Core Characteristics, and a new Vision will bring us much closer to attaining our strategic goal of becoming a 21st-century VA.

Q: Is there anything more you want to say about the VA Core Values and Characteristics or VA Vision?

A: I have discussed our Core Values and Characteristics with many different people around the country who are part of our VA workforce, and I received positive feedback from the vast majority of those I have spoken with. My sense is that our people recognize the need for an overarching and enduring set of Core Values and Characteristics and are pleased we now have them. 



VA Core Characteristics

Trustworthy	VA earns the trust of those it serves – every day – through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness, and transparency.
Accessible	VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.
Quality	VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivalled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.
Innovative	VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services to all of the people it serves.
Agile	VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service members.
Integrated	VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.

... Our Core Characteristics define “what we stand for.”

Our Core Values define “who we are ...”



VA Core Values and Characteristics Quick Reference



Because **I CARE**, I will...

Integrity	Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.
Commitment	Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.
Advocacy	Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
Respect	Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.
Excellence	Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.



COURTESY OF VBA

The Indianapolis VA Regional Office is serving as an "Integration Lab" for testing together the process improvement initiatives that seem most promising.

Keeping Pace With Claims

VBA employees create a workload management tool.

Car racing aficionados know Indianapolis as home of the Indianapolis 500.

Veterans Benefits Administration staff may also soon regard the city as the birthplace of another kind of platform that serves the need for speed—in this case a computer program.

The Indianapolis Segmentation Timeliness Assessment Tool (i-STAT) gives Indianapolis VA Regional Office staff a quick and easy way to determine which Veteran's claim to work on next. The tool was created by VBA employees, who are confident it will prove crucially important to the progress of VBA's claims transformation campaign, given the thousands of claims awaiting Veterans service representatives' attention.

An outgrowth of VBA's efforts to eliminate the claims backlog, i-STAT helps employees move claims through the decision process, so VBA can

keep pace with claims demand. The tool also helps managers balance their teams' workloads. And now a separate tool based on i-STAT is being scoped for national implementation.

"Part of the challenge and frustration for employees is that they face, on average, 300 claims sitting behind them that need to get worked," says Ena Lima, Indianapolis Veterans Service Center manager. "That's overwhelming. The tool tells them which case to focus on next, so they're always working on the right one."

Desktop icon

In day-to-day terms, the excitement surrounds an icon that now appears on Indianapolis employees' computer desktops. Double clicks on the icon yield a customized list of claims assigned to them. The claims are prioritized based on rules that have been programmed into the tool. For example, if a claimant is known to be

homeless, the system knows to give the claimant's file priority.

The lists include tracking information, so the employees can physically go get the folders for each claim. i-STAT also has a mini dashboard feature, which enables employees to see how their work contributes to team performance targets.

"I like the fact that i-STAT assigns cases without the human factor or any prejudice involved," says Eric Francis, a rating Veterans service representative in Indianapolis. "No RSVR can say or feel they are being singled out for certain cases."

For managers, the tool gives a quick snapshot of their teams' workloads, and it enables them to regulate assignments based on the workloads. If an employee is out of the office, managers can use the tool to shift that person's assignments so the claims do not sit idle while the employee is away.

"i-STAT makes work assignment

virtual,” says Sara Ferris, a coach in the Indianapolis office. “As the coach, I no longer have to hand-deliver cases all day. It makes work assignment fair and equitable.”

I-Lab

i-STAT came to life because of a new role for the Indianapolis VA Regional Office.

VBA has undertaken roughly four dozen initiatives geared toward eliminating the claims backlog and processing all Veterans’ claims within 125 days with 98 percent accuracy.

VBA leadership has designated the Indianapolis office as VBA’s Integration Lab, or I-Lab, for testing together the process improvement initiatives that seem most promising.

Given the new role for Indianapolis, last December the service center management team reconfigured how the office triages, develops and rates claims so they could test the initiatives together. Where previously Indianapolis Veterans service representatives worked the full scope of claims that came in—which is the case at most regional offices—they segmented the workload based on number of issues per claim and complexity.

The issue of workload manage-

ment then surfaced; specifically, how to divide up the work and track which employee is responsible for which claim.

Like other regional offices, Indianapolis’s long-standing protocol for addressing the issue had been based on claimants’ terminal digits (which are the last two digits of the claimants’ Social Security numbers). Each employee was assigned to work all claims with a specific terminal digit. “When we got away from terminal digits, we lost some of the accountability,” says Natalie Gries, management analyst for the Indianapolis office. “We had to find a way to get the accountability back.”

Database software

i-STAT was originally designed by Anthony Shows, the training manager at the Milwaukee VA Regional Office, who in conjunction and coordination with Gries and three colleagues—including Louisville’s Jason Marr, Togus’s Edward Perry, and Office of Business Process Integration’s Vail Brown—leveraged their database software expertise to build i-STAT. They programmed it to make assignments based on criteria in each claim file and employees’ workloads.

In March, Indianapolis staff assigned to the “Express Lane” (which handles claims with one or two claimed conditions) began using the first version of i-STAT. By now, all Indianapolis employees assigned to the processing teams use the tool, while the programming team continues to refine it.


“Each time we get together, we add functionality,” says Marr, an assistant coach at the Louisville office who is on a recurring detail to the I-Lab. “So we’re incrementally making it work better. Since Indianapolis is a lab environment, it’s also a sort of lab for the workload management tool. We already have lots of lessons learned that we hopefully can glean from and make a national tool the best it can be.”

National tool

Discussion about a similar tool for all regional offices began soon after VBA executives saw i-STAT in action. “That’s what kicked off the national version,” Marr says.

And that version, now called the Intelligent Work Queue, has taken on a life of its own.

The tool presents a similar approach to workload management—ensuring the right claim is with the right employee at the right time. It also aligns individuals’ performance targets with regional office and national targets. A key distinction is the Intelligent Work Queue is programmed to assign work based on terminal digits.

“I definitely think it’s a step in the right direction,” says Perry, a management analyst at the Togus VA Regional Office, who also is on part-time detail to the I-Lab. “As we begin to roll it out, we will have more concrete evidence of how it improves performance.” 



Left: The Integration Lab environment creates more opportunities for collaboration among team members. Pictured left to right are: Susan Burke, Natalie Gries, Mike Stephens and Deb Street.

The James A. Haley Veterans' Hospital in Tampa, Fla., has started a new Challenge Coin Program for the Veterans served in our Post-Traumatic Stress Disorder Clinical Program.

Our Veterans have been instrumental in this process through their recognition of the value the Challenge Coin Program holds for those who have PTSD. Discussion of the potential benefits of this new program has led to full support and funding by a group of individuals who recognize the struggles of those who suffer from PTSD following their return from combat.

We designed the coins. Peter Martin, CEO of Ameripack Inc., funded the program, and Ben Baar, CEO of B&R Tactical Corporation, produced the coins. Retired Maj. Gen. Hawthorne L. "Peet" Proctor, a Vietnam Veteran, brought all parties together to make this project possible.

Martin's business supports military initiatives. His company donates a portion of all its sales to the Wounded Warrior Project.

Baar, a retired Army officer, began his military career in Berlin in the early 1980s. After 21 years of service, his career ended because of wounds sustained while deployed to Iraq during a 2003 combat tour. The foundation of Baar's company is "serving those who serve."

Proctor entered the Army in 1969 as a second lieutenant and served during the Vietnam War. He rose to the rank of major general, serving as the 46th Quartermaster General of the Army. Even in retirement, his commitment to serve "his" soldiers continues.

The challenge coin has been an American military tradition for almost 150 years. All major campaigns, going back to the Civil War, show evidence of the use of the coins as not just a token, but as a symbol of membership in a group representing ideals greater than oneself. Today, each military coin symbolizes unit identity and



The front of the Tampa VA's challenge coin for Veterans with PTSD.

Marking the Journey to Recovery

Tampa VA's challenge coins are a reminder to Veterans completing PTSD treatment of what they've accomplished.

shows the pride and lineage of belonging to such a unit.

These custom-made coins bear unit mottoes, crests and colors, and represent a close affiliation with that

specific unit. Often presented by unit commanders and senior non-commissioned officers to soldiers for exemplary work done "above and beyond," these coins have a special place in

military culture and tradition.

The Vietnam War pointedly captured the importance of the challenge coin. According to *Soldiers* magazine, the 11th Special Forces Group created coins to show their unique identity and special bond forged as warriors, part of an elite group of soldiers.

What some might misconstrue as a simple token of remembrance was, in fact, much more and had a much greater effect on unit morale. For those who served, this coin helped strengthen unit cohesion, pride and honor during an extremely difficult time in our nation's history. By the mid-1980s, unit coins became popular among the members of the various branches of service.

Along with this coin came the "coin check," involving a challenge and response. This was a simple, friendly way of proving your membership in a unit by producing the coin to another who challenged you. The penalty for not having your coin with you varied from doing push-ups to being appointed to complete some type of task. As a result, many troops carried their coin in their wallet, ready to respond to any challenge.

When Veterans or service members pick up coins they were presented—whether it was one week ago, one year ago, or 20 years ago—they will tell you that they remember their accomplishment, and that the coin evokes memories, good and bad. But most of all they will once again recall the powerful feeling of esprit de corps.

For our Veterans with PTSD who receive mental health services, the treating providers who work with these individuals notice their drive, motivation and dedication to completing their mental health treatment and assignments. Our Veterans want to reach their goals and work hard to achieve them by facing their challenges and pushing forward to completion.

Military personnel all around the world carry, collect and trade unit challenge coins. It is an honor for a service member to be recognized for

their accomplishments with the presentation of a challenge coin. This spirit of exemplary service, shared sacrifice and unit cohesion continues, even as our service members leave the military and enter the VA system of care.

For our Veterans who struggle with PTSD secondary to traumatic events that occurred during service to our country, seeking mental health treatment is often extremely difficult. Veterans tell us that they are proud or that there are other Veterans who need our help more. They tell us how emotionally overwhelming it is to participate in the treatment process as well as how much relief they have been able to achieve with treatment.

This relief improves the Veteran's quality of life and also improves the lives of their friends, families and loved ones. Participating in treatment requires the same level of commitment, perseverance and hard work that many of our Veterans know all too well.

The delivery of the challenge coin upon completion of the PTSD treatment acknowledges a Veteran's journey to recovery. It validates their struggles along the way and their dedication to continue forward and face these obstacles. They have chosen the path of engaging in mental health treatment and are recognized for this outstanding accomplishment and achievement. Recovery is different for every Veteran, and completion of treatment is just the beginning.

The receipt of a challenge coin also represents significant individual accomplishment during treatment for PTSD. For some Veterans, this may include special contribution to the mission of the James A. Haley Veterans' Hospital Trauma Recovery Program.

The mission to serve those who have not yet come through the doors, and to serve those who need continued care, is often mobilized by Veteran Peer Support Volunteers. For some of our Veterans, part of their

mission is to reach out and connect to those who hesitate to seek treatment for PTSD by attending outreach events and speaking engagements. Sharing their stories and helping to guide others in seeking treatment is part of giving back to their brothers and sisters who have also fought for our freedoms.

The challenge coin holds life-long meaning for our Veterans who have PTSD. It also helps others seek treatment, as our Veterans who have begun their journey to recovery show their coin to comrades. The challenge coin represents hope, courage, commitment, and the enduring spirit of those who have sacrificed for the service of our country. The delivery of a challenge coin upon completion of the PTSD treatment process acknowledges our Veterans' journey to recovery.

As VA employees, it is so important for all of us to understand and appreciate the meaning and value of a challenge coin given to our Veterans as recognition of achievement and accomplishment. Spirit of service and connection to the military and the long-standing traditions never leave our Veterans.

The delivery of a challenge coin following completion of an emotionally difficult treatment process for PTSD brings tears to the eyes of our Veterans. They are as grateful for our service as we are for their service. This generous gift from Veterans to Veterans has implications far beyond the clinical program.

It is our hope that sharing this program within the VA community will lead the way to more facilities and PTSD clinical programs offering this valuable military tradition and recognition to those who have borne the battle. This is our challenge to other VA facilities. [VA](#)

Editor's note: Co-author Dr. Carri-Ann M. Gibson is a physician at the Tampa VA. Her husband and co-author, A. Michael Gibson, is a West Point graduate and CEO of G2 Fuel Technologies.

Stepping Up for Homeless Veterans

First nationwide VA2K Walk and Roll draws an overwhelming response from employees.

Sometimes an idea is so pitch-perfect it moves an entire organization. The first nationwide VA2K Walk and Roll started with that kind of idea—to support employee fitness and homeless Veterans. But even the event’s organizers were surprised by the overwhelming response from VA employees on June 2. Nearly 17,000 participants, including more than 1,800 Veterans, joined in at 155 sites across the country that day, far beyond expectations.

“I was thinking about an event that could get people excited about being physically active and also benefit the Veterans we care about. Going out for a walk is easy to do, it doesn’t require much prep time and can be done during lunch break,” said Ebi Awosika, M.D., director of the Veterans Health Administration’s Employee Health Promotion Disease Prevention Program, who led the successful VA2K with Program Manager Sandie Schmunk. Most facilities hosted the event between 11 a.m. and 1 p.m. local time.

While a national planning group of several VA organizations provided guidance to VA facilities on preparing for and running the event, local coordinators and planning committees were encouraged to add their individ-

ual ideas. “We wanted everybody to have their own kind of walk and roll, to feel free to tweak the event, and they did that,” said Awosika.

Enthused VA employees got to work and set up festive, 2K (1.2 mile) walking courses in their communities. They found creative ways to pump up the event with extras such as live music, stretching exercises, Zumba classes, a mid-course yoga session, five-minute massages, and even a barbecue lunch. At one site, a previously homeless Veteran sang the national anthem. “That’s the one I got most emotional about; it touched my heart,” said Awosika.

The VA2K course for the Sierra Nevada Health Care System in Reno led to a grand opening ceremony that day for the newly designed Healing Gardens Homeless Shelter for Veterans. Among other highlights:

■ In Washington, D.C., at VA Central Office, Deputy Secretary W. Scott Gould led more than 400 employees on the 2K walk. He was accompanied by Deputy Assistant Secretary for Human Resources Management Tonya Deanes, VA Health and Wellness Program Manager Kara Szirotnyak, and Awosika.

■ In Durham, N.C., a group of exuberant employees got revved up for the walk.

■ In Bedford, Mass., formerly homeless Veteran Joe Ramage played the guitar and sang the national anthem.

■ In Fresno, Calif., an employee dressed as “Toucan Canny” led a group of fans.

■ In Salem, Va., a group of employees brought together their musical talents.

■ In Detroit, a disabled Veteran joined employees on a tree-lined path.

Participants across the country received visors and buttons from VA Health & Wellness and water from the Veterans Canteen Service. Some sites ordered colorful T-shirts and provided healthy snacks. Each site decided on its own list of donations for homeless Veterans and posted that information for employees, who gave generously with toiletries, socks, underwear, clothing, shoes, boots, blankets, bedding, small appliances, cleaning supplies, paper products, dishes, shower curtains, silverware and rugs.

The lead organization, Employee Health Promotion Disease Prevention Program, within the Public Health office of VHA, combines occupational safety programs with health promotion activities to help staff members make healthy lifestyle choices. The program focuses on four general areas: physical activity, tobacco cessation, stress reduction and healthy eating.

Other VA organizations involved



ANTHONY SANTOYA

Veterans are homeless in the United States. Veterans account for nearly one-third of all homeless people nationwide. The overflowing boxes and bags of donations will go a long way to help homeless Veterans with their basic needs. “A great event for a great cause” is how smiling, energized employees described their experience. “This shows the passion VA has for our homeless Veterans,” said Awosika.

VA2K planners are already sharing ideas for next year’s event and will soon be contacting sites across the country. Look forward to an even bigger and better event in 2012! **VA**

By JoAnn Blake



LARRY MARCHIONDA



KRISTIN PRESSLY

Clockwise from left: Employees in Detroit head out on their walk, joined by a disabled Veteran; An employee dressed as “Toucan Canny” leads a group of fans in Fresno, Calif.; In Bedford, Mass., formerly homeless Veteran Joe Ramage played the guitar and sang the national anthem.

in national planning were VHA’s Homeless Veterans Program, VA Homeless Programs Office, VHA Communications, Veterans Canteen Service, VA Voluntary Service, Office of Nursing Services, National Center for Health Promotion and Disease Prevention, and VA’s Health & Wellness Team.

The event blends well with VA’s five-year plan to end homelessness for Veterans. More than 150,000

VA2K By the Numbers

Participating sites: 155
 Medical facilities: 145
 States represented: 45
 Participants: 16,847
 Veteran participants: 1,852
 Items collected: 25,911
 Estimated value of contributions: \$172,000
 Estimated calories burned: 2,092,376
 Estimated fun value: Priceless!

Their Service Will Never Be Forgotten

The Fargo VA helps support Honor Flights to pay tribute to America's World War II Veterans.

“We shall not flag or fail. We shall go on to the end. We shall fight in France, we shall fight on the seas and the oceans, we shall fight with growing confidence and growing strength in the air, we shall defend our island, whatever the cost may be. We shall fight on the beaches, we shall fight on the landing grounds, we shall fight in the fields and in the streets, we shall fight in the hills; we shall never surrender.” - **Winston Churchill**

These famous words inspired more than 16 million Americans to serve and defend their country and its allies during World War II. By the time the National World War II Memorial in Washington, D.C., was completed in 2004, more than half of Veterans who fought in a World War had died.

In 2004, a retired Air Force captain and VA physician's assistant named Earl Morse developed the concept of Honor Flight to provide WWII Veterans the chance to visit their memorial. The first North Dakota Honor Flight was developed by committee members of the WDAY WWII Honor Flight in 2007. This group played host to four flights inviting Veterans from North Dakota, South Dakota and Minnesota to visit the WWII memorial free of charge. More than 800 Veterans flew out of Fargo and Grand Forks, N.D., during the original flights.

In response to a need for additional flights, the first Roughrider Honor Flight was organized in September 2008. Roughrider Honor

Flight is a volunteer organization that is funded entirely through the generosity of its supporters and is the sole active North Dakota member of the Honor Flight Network.

On May 6, the Roughrider Honor Flight flew out of the Bismarck, N.D., Airport with what would be the last group of WWII Veterans. It was the fifth Honor Flight for the Roughriders. “When I agreed to chair this effort,” said Kevin Cramer, co-chair of the Roughrider Honor Flight committee, “I knew there would be a first flight and I was pretty sure there would be a second. I was amazed when we began organizing the fifth flight. We made the commitment to do this as long as there was a local WWII Veteran able and ready to go.”

Through its commitment and fundraising efforts, the Roughrider Honor Flight made it possible for more than 500 additional local Veterans to visit the memorial. The Fargo VA Health Care System has supported these flights in various ways, including providing medical support on numerous Honor Flights since their inception in 2007.

Most recently, Dr. Brian Hancock, chief of staff for the Fargo VA Health Care System, was able to participate in the final Roughrider Honor Flight as head physician on the medical team. “This is another way for us at the Fargo VA to demonstrate our commitment to all of the Veterans, but in this particular case, those from the WWII generation,” said Hancock.

Making this trip even more meaningful for Hancock was the op-

portunity to share the experience with his father, James Hancock, a WWII Veteran. “I was able to bring my dad, who was a Pearl Harbor survivor and had not had the opportunity to go to Washington to see the memorial that was created for these heroes.”

The Fargo VA has also been deeply involved in fundraising efforts to support these flights. Through the work of the Fargo VA Employee Association and the generosity of VA staff and volunteers, the Fargo VA was able to donate well over \$5,400 to the final Roughrider Honor Flight.

“It says a lot about the employees here,” said Cindy Bartholomay, one of the organizers of the fundraising event. “When you think of how much money was raised, it's unbelievable. This is a difficult time, money is tight, and still, they came through.”

This was the third fundraiser the Fargo VAEA has held for the Honor Flights. In total, Fargo VA employees have donated well over \$17,000 to support these flights. Bartholomay was also able to serve as an escort on one of the original Honor Flights and describes the trip as one of the most memorable times of her life.

When the Veterans and volunteers returned to Bismarck on May 7, they were greeted by students, family and community members welcoming them home. Most surprising to them, however, was the support they received from complete strangers while in Washington, D.C.

Hancock said that while the group was visiting Arlington National Cemetery, more than 150 middle

school students began applauding for the WWII Veterans, and that was only one example of impromptu support the Honor Flight participants received. "None of these children were born when this war was occurring," said Hancock, "yet these were spontaneous eruptions of support, pride, honor and respect for men and women who participated in a war that these students have only read about in history books."

Tom Selleys, a longtime volunteer at the Fargo VA and a WWII Veteran who joined the Army at the age of 16, was also a participant on the last Roughrider Honor Flight. When asked what he enjoyed most about the trip, Selleys found it difficult to choose, but described the memorial as "beautiful beyond words. They pulled out all the stops and made it a monument of beauty, bravery and valor."

Selleys is certain his sentiments

are echoed in the hearts of every Veteran who visited the monument that day. He expressed gratitude for not only the opportunity to participate in the final Roughrider Honor Flight, but for the treatment he and every Veteran received during the entire trip.

"I think the Roughrider Flight was set up for royalty because the treatment we received was beyond description," Selleys said. "Each Veteran seemed like he was being treated individually, from the takeoff in Bismarck to landing back in Bismarck, it felt like each Veteran was led around personally and given every kind treatment imaginable."

The continued support of the Honor Flights by the Fargo VA Health Care System was important to Michael Murphy, Fargo VA Medical Center director. "Health care profes-

sionals from the Fargo VA have provided medical support to the Honor Flights since they started," he said. "The staff members who volunteer get a very special reward from the opportunity to directly serve these Greatest Generation Veterans who sacrificed so much for our country."

Many of those involved with the Honor Flights, from organizers to those who were driven to donate to such a worthy cause, have felt the same sense of pride, duty and honor toward the Veterans these flights have served. "I am so overwhelmed by the [Fargo VA] employees' generosity," said Bartholomay. "It just shows why this is such a wonderful place to work. We all feel the same passion and love of serving our Veterans." **VA**

By Karinn R. Davidson



LAYN MUDDER/LPT IMAGES



LAYN MUDDER/LPT IMAGES

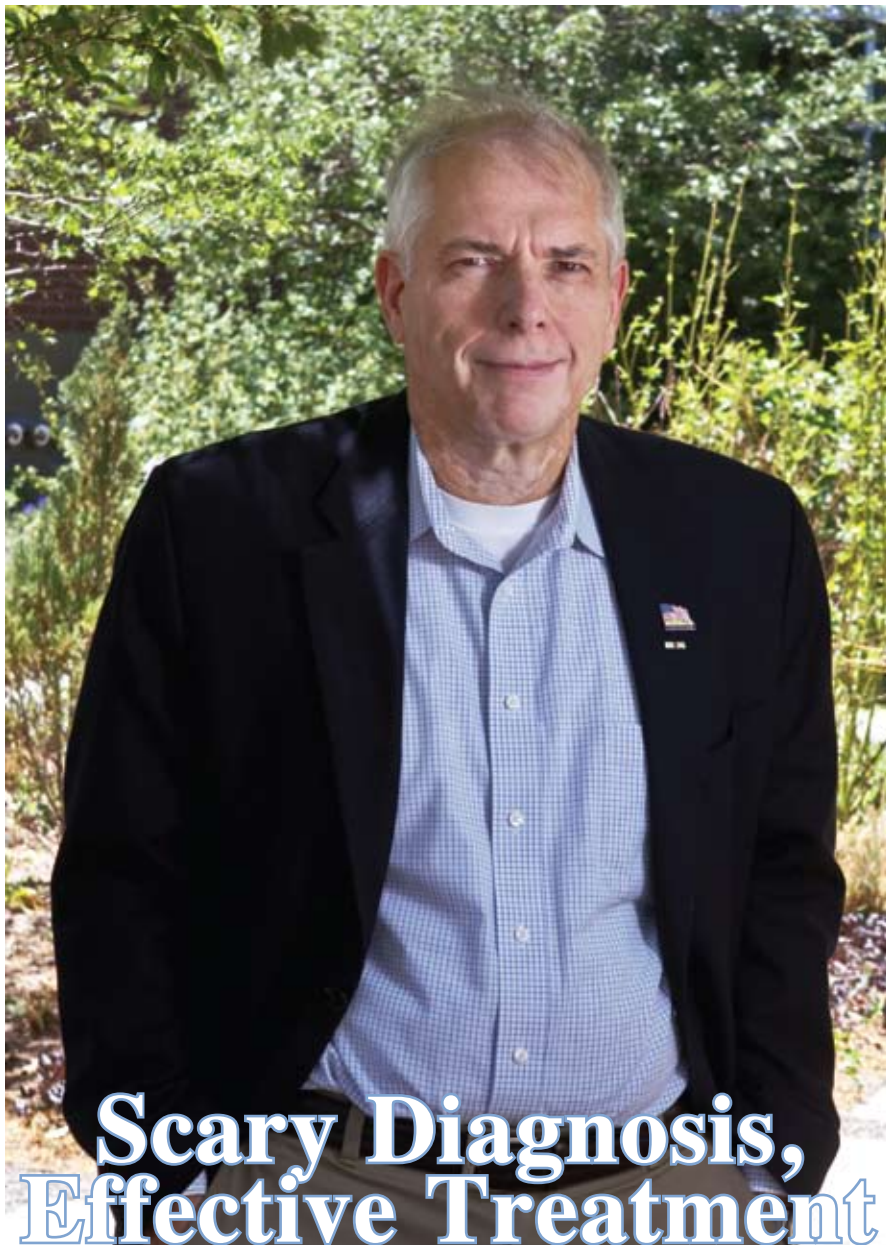
Clockwise from top left: Veterans were greeted by active-duty soldiers at the Bismarck, N.D., airport prior to departure; Pearl Harbor survivor James Hancock with sons Dr. Brian Hancock, left, and Keith Hancock; Alllyn Hanson, of Bismarck, views the Tomb of the Unknowns at Arlington National Cemetery; World War II Veteran Tom Selleys poses with friend Terri Schwartz in front of the Lincoln Memorial.



LAYN MUDDER/LPT IMAGES



LAYN MUDDER/LPT IMAGES



NATHAN ARMES/UNIVERSITY OF COLORADO

Scary Diagnosis, Effective Treatment

Targeted focal therapy brings health care executive, prostate cancer survivor peace of mind.

Cancer is always a frightening word, even for a high-profile member of the health care community. For Larry Biro, director of the VA Heart of Texas Health Care Network (VISN 17) in Dallas, getting the diagnosis of prostate cancer was scary and unex-

pected. Even though his preliminary diagnosis indicated low-risk disease, he said, waiting for his final diagnosis and learning what stage cancer he had were very stressful.

Fortunately, Biro's low-risk cancer was small. A team of physicians led by E. David Crawford, M.D., director of

Urologic Oncology at the University of Colorado Cancer Center and a professor at VA Eastern Colorado Health Care System in Denver for 30 years, successfully treated the cancer. Crawford said Biro's experience provides a typical example of how a patient with early prostate cancer warning signs can progress over the years to an actual diagnosis of prostate cancer.

"It all started in fall 2006," said Biro. That's when Crawford noticed a rising prostate specific antigen level, a key marker for prostate cancer. He recommended a standard 12-core transrectal biopsy, which came back negative.

But because Biro's PSA level continued to rise at subsequent three-month checkups, he said, "Dr. Crawford put me on Avodart." Over the next two years, it reduced his PSA level from 5.6 ng/dl to a stable 1.95 ng/dl.

Although Biro responded well to Avodart, in spring 2009, Crawford recommended a new test that measures the concentration of prostate cancer antigen 3 gene in urine. Biro's results were slightly elevated, Crawford said. "I took another PCA3 test in fall 2009," added Biro, "and it was even higher." Accordingly, Crawford recommended a second biopsy, which also came back negative.

However, added Crawford, "Transrectal biopsies are imperfect. Often people must undergo multiple sets of them to find a cancer."

A spring 2010 PCA3 test heightened Biro's fears. "I remember distinctly," he said. "I was in Washington, D.C., where I had traveled for a meeting, and got an e-mail saying that my PCA3 level had doubled to the high 80s," a level which indicates a high probability of prostate cancer.

Unsure of what to do, Biro called Crawford, who quickly e-mailed several colleagues. One of them—the PCA3 test's inventor—suggested an MRI. When this also found no cancer, Crawford recommended a 3-D mapping biopsy, a cutting-edge technique



Opposite: According to his doctor, Larry Biro's experience is a typical example of how a patient with early prostate cancer warning signs can progress over the years to an actual diagnosis of prostate cancer.

Left: Dr. E. David Crawford, director of Urologic Oncology at the University of Colorado Cancer Center, goes over prostate biopsy results with Larry Biro. A 3-D mapping biopsy showed Biro had low-grade cancer. The 3-D mapping biopsy is a technique Crawford helped pioneer. Standard transrectal biopsies sometimes do not find cancer, even when it is present.

he helped pioneer at UCCC.

Biro underwent this one-hour procedure in June 2010. Rather than taking the standard 12 samples, or cores, Crawford took 50 cores, guided by a template placed under the perineum, to produce a computerized 3-D map of Biro's entire prostate.

"We now know this biopsy method yields information as valid as a post-surgery, whole-mount pathologic specimen would give us. Now we have a pretty complete picture of the disease within the prostate, and we can make more personalized treatment recommendations for each patient," said Crawford. Biro's 3-D mapping biopsy showed low-grade (Gleason grade 6) cancer in 10 percent of one biopsy core.

Fortunately, Biro already knew a lot about treatment options. "This had been going on for nearly four years," starting with his high PSA in 2006. As supervisor of the VA health care system and social services for most of the state of Texas, which includes four VA medical centers that provide care to 300,000 Veterans, he added, "I talked to a lot of doctors and read hundreds of articles."

Although the information was

helpful, he said, "I had always feared the possible side effects from a whole-gland solution for a cancer that affected a tiny fraction of my prostate."

Radiation therapy or radical prostatectomy—completely irradiating or removing the prostate gland, respectively—often leaves patients with many side effects, including incontinence and erectile dysfunction, Biro explained.

"The thought of wearing diapers for the rest of my life and losing sexual function over one small spot of cancer wasn't appealing," he said.

So instead, Crawford recommended either active surveillance—closely monitoring Biro to make sure his cancer wasn't growing—or targeted focal therapy. Guided by the 3-dimensional biopsy map, TFT destroys only the diseased portion of the prostate by freezing it with cryotherapy.

"I couldn't see doing active surveillance," said Biro. "Knowing that I had cancer, I didn't know what I'd be waiting for. I felt like I might as well get it done."

In that regard, he said TFT provides an intermediate option between active surveillance and radical treatments. This focal therapy may be


likened to a "male lumpectomy," said Crawford.

The procedure itself, performed by Crawford in October 2010, took about 60 minutes. Afterwards, Biro wore a catheter for four days.

"After that," he said, "there were a few minor complications, such as blood in the urine," a normal side effect which lasted a couple months, but no sexual or other side effects.

At his first post-TFT checkup, his PSA had dropped 80 percent, Biro added. "Months out, everything has gone as planned."

Indeed, Crawford said that for selected patients with prostate cancer, TFT appears to provide a safe, effective treatment option. "Approximately one-third of the men who are diagnosed with prostate cancer are potentially candidates for active surveillance or TFT." In UCCC's experience, with more than 250 3-D mapping biopsies, he added, "about 40 percent of patients turn out to have low-grade cancers that are amenable to TFT."

For more information, visit www.3dprostate.com or call Dr. Clifford Jones, University of Colorado Urologic Oncology, 720-848-0684. 

OPERATION

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HEALING THE W

‘Plastic surgeon to the stars’ uses his skills to help Veterans with severely disfiguring wounds.



Like so many Veterans of previous conflicts, today’s young Veterans of Iraq and Afghanistan carry the scars of battle buddies getting killed, long deployments and painful combat wounds. The scars they bear not only reflect the mental anguish but also the visible wounds of combat.

Operation Mend is an organiza-

tion that changes the lives of service men and women exposed to improvised explosive devices that have left severely disfiguring results. Envisioned by Ronald A. Katz, executive committee member of the Ronald Reagan UCLA Medical Center Board, Operation Mend offers returning service members and Veterans with severe facial injuries access to the military’s

best burn center and private sector’s plastic and reconstructive surgeons.

“I feel it’s a tremendous opportunity to give back to those who laid it all on the line for us,” said Dr. Timothy Miller, chief of the Division of Plastic & Reconstructive Surgery at David Geffen School of Medicine at UCLA. “Being a plastic surgeon, it’s truly a privilege for me to be able to give back.”

Beverly Hills surgeon Miller takes a lot of ribbing for being the “plastic surgeon to the stars,” but make no mistake: he has a deep appreciation for and understanding of what Veterans go through in battle and has a strong desire to help them out.

“I know what it’s like to be shot at,” he said.

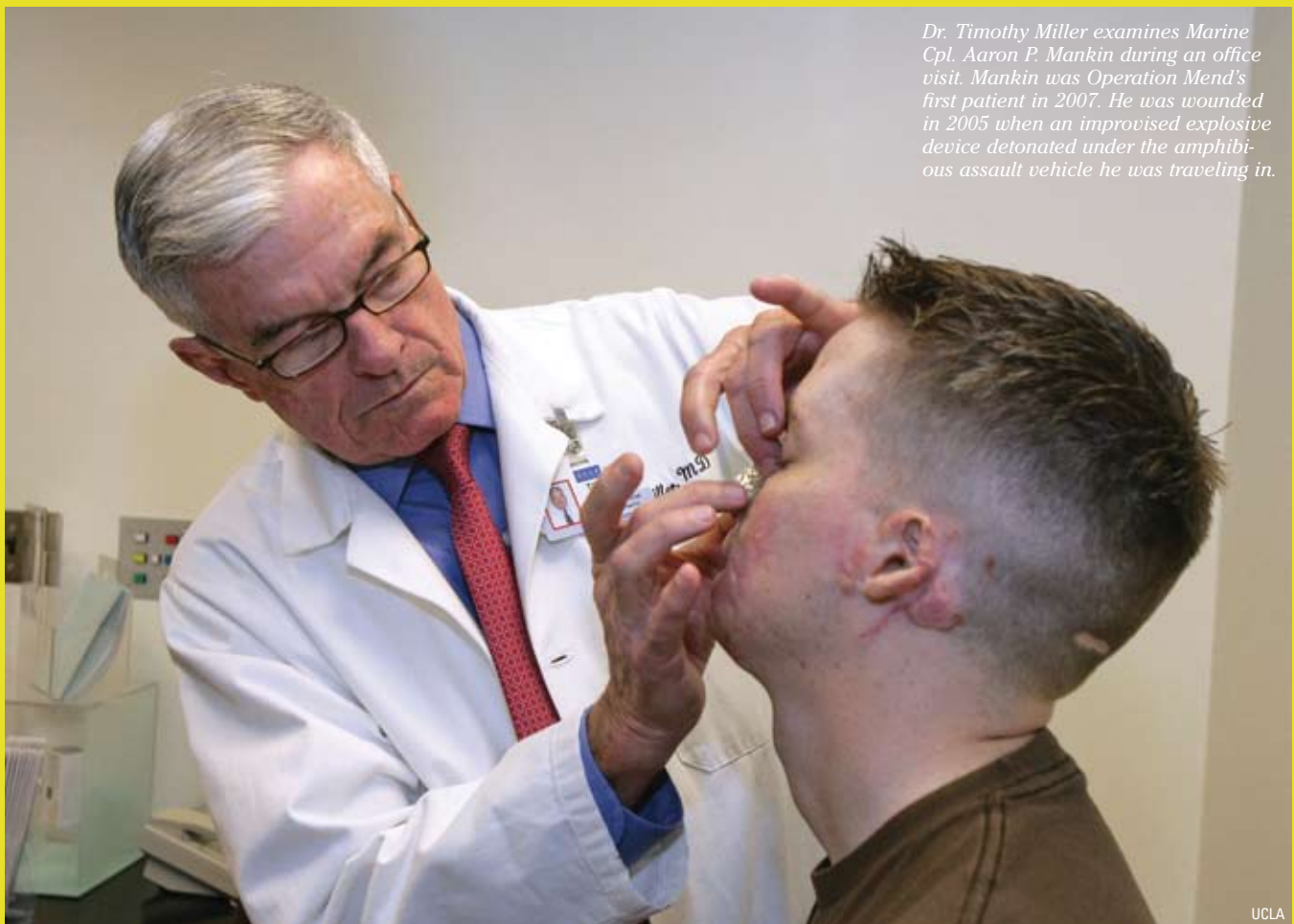
Miller earned his military street credentials serving two years in Vietnam as an Army doctor. He’s already provided life-changing plastic surgery to three fellow Veterans from the VA Greater Los Angeles Healthcare System and is anxious to help even more.

“Veterans don’t know Operation Mend exists,” said Miller. “Most people do not know this type of plastic

ON MEND



OUNDS OF WAR



Dr. Timothy Miller examines Marine Cpl. Aaron P. Mankin during an office visit. Mankin was Operation Mend's first patient in 2007. He was wounded in 2005 when an improvised explosive device detonated under the amphibious assault vehicle he was traveling in.

UCLA


surgery on severely disfiguring wounds can be done.”

Miller hopes more Veterans who sustained severe burn injuries in Iraq and Afghanistan will reach out to Operation Mend for assistance.

According to Miller, Veterans or

service members interested in this free service need to provide documentation they sustained burn injury in Iraq or Afghanistan. They also need to send photos to UCLA, where Miller and his staff can review them. Everything from travel to hotel ar-

rangements, medicine and hospital expenses are provided free of charge to Veterans or service members who participate in Operation Mend.

For more information or to make donations, visit <http://operationmend.ucla.edu>, or call 310-206-0500. 

Logan Heagy, 4, shows his aunt, Jennifer Peterson, the VA activity book he got at Kidz Camp at the Kansas City VAMC.



PAMELA JAMES

All Fun and Games

Kidz Camp entertains dependents of Veterans at the Kansas City VA Medical Center.

Logan Heagy, 4, colors patiently as his aunt and uncle watch him from their waiting room chairs. Next to his chair and scattered about on the pint-sized table are Lego blocks, crayons and even a toy dump truck. Heagy is one of the first kids to try out the new “Kidz Camp” concept at the Kansas City VA Medical Center in Missouri.

The concept was developed by Pamela James, medical technologist/microbiologist in the Kansas City VAMC’s Pathology and Laboratory Medicine Division. James, a 31-year employee of the VAMC, was in the midst of a leadership development

course and needed a final project. Noticing that the children, and oftentimes grandchildren, of Veteran patients were brought in to doctor’s appointments, she realized there was a need for an activity center to keep them occupied in the waiting rooms.

A mother herself, James knew the hardships of getting children to sit still, behave and wait. After she brought her idea to the public affairs officer, the executive leadership team quickly jumped on board to make the VAMC a more family-friendly place. With a new women’s clinic in operation and extended weekend hours, the staff knew the potential for children

to be around the facility was going to grow.

Working off a limited \$20,000 budget from a patient-centered care grant, the team brainstormed the most creative ways to incorporate a children’s atmosphere into the facility. Determining where to put the center was the first step. After a search, the facility’s intensive care unit waiting room was deemed the logical choice. Often, family members are placed there for extended periods, awaiting news of a loved one’s health. For little kids, the ICU can be a sterile, scary place. In addition, the facility’s hospice unit and three waiting room

clinics received Kidz Camp activity centers.

Installed in January, the Kidz Camp features tables, wall activity boards, and even a VA activity book featuring fun facts, coloring pages, and puzzles about Veterans and the Kansas City facility. Brand new four-count crayon packs, non-toxic and washable, are waiting for children ages 3 and up when they pick up their VA activity books from the clinic check-in areas. To keep clutter to a minimum, leftover crayons and coloring books are discarded by housekeeping at the end of their daily shifts.

Among the wall-mounted activity units, one of three in the Kidz Camp, is “Funny Face.” Children can pick from various magnetic noses, mouths, ears, eyelashes, and other facial features to create an amusing face on a white laminate board. Another unit, called “Touch N’ See,” features a temperature-sensitive background. When the surface is touched, it changes color based on a person’s body heat, allowing children to “finger paint”

without the mess. In “Bug Town” and “Treasure Chest,” kids are able to move attached puzzle pieces through a maze, offering plenty of twists and turns. According to staff, the “Giggle” mirrors, which allow kids to contort their reflections into all sorts of shapes and sizes, even causes some of the Veteran patients to happily join in and play.

So far, Veteran patients and kids alike are happy with the setup of the Kidz Camp. One 5-year-old saw the activity center in the women’s clinic and told the nurse he was happy he could play and not make noise that

would “bother the sick people.”

Due to the success of the program and limited costs to install, there are future plans to bring two more Kidz Camp centers to the facility’s admissions waiting area and radiology area. Additionally, a large primary care waiting room is being redesigned to incorporate a “kid-friendly” component. According to Glenna Greer, Kansas City VAMC public affairs officer, “the timing is perfect. We are seeing more kids in the medical center with their Veteran parents, grandparents and caregivers.”

In general, childcare opportunities pose a major concern among VA’s

Congress established the childcare initiative as part of the Caregivers and Veterans Omnibus Health Services Act of 2010, signed by President Obama in May 2010. The pilot centers include Northport, N.Y., Tacoma, Wash., and Buffalo, N.Y. Operated on-site by licensed childcare providers, the centers provide for children ages six weeks to 12 years, and drop-in services are offered free to Veterans who are eligible for VA care and visiting a facility for an appointment.

In a recent survey, VA found that nearly a third of Veterans were interested in childcare services, and more than 10 percent had to cancel or reschedule VA appointments due to lack of childcare. “While the number of women Veterans continues to grow, they use VA for health care proportionately less than male Veterans,” said Patricia Hayes, chief consultant with the VA Women Veterans Health Strategic Health Care Group. “We hope that by offering safe, secure childcare while the Veteran attends a doctor’s appointment or therapy session, we will enable more women Veterans to take advantage of the VA benefits to which they are entitled.”

Women Veterans are one of the fastest-growing segments of the Veteran population. Of the 22.7 million living Veterans, more than 1.8 million are women. They comprise nearly 8 percent of the total Veteran population, and 6 percent of all Veterans who use VA health care services. VA estimates women Veterans will constitute 10 percent of the Veteran population by 2020 and 9.5 percent of VA patients. **VA**

By Amanda Hester



Veteran patients. In July, VA Secretary Eric K. Shinseki announced the launch of free, drop-in childcare service centers at three VA medical centers, part of an effort to improve access to health care for the growing number of women Veterans. “We know that many Veterans, particularly women Veterans, are the primary caretakers of young children,” said Shinseki. “We want these Veterans to have the opportunity to access the high-quality health care that VA offers, and we believe that these childcare centers will make it easier for Veteran caregivers to visit VA.”

Bruised But Not Beaten

The National 9/11 Flag visits the Martinsburg VA Medical Center.

Standing opposite the south tower of the World Trade Center, the West Street Building was enveloped in plumes of smoke and debris when the twin towers collapsed. The north façade of the building was charred and gutted, but a 30-foot American flag, suspended from the scaffolding of a renovation project, survived.

With deep tears and stains, the flag hung as a memorial over the remains of the World Trade Center. A work crew at Ground Zero recovered the flag and placed it in storage, where it waited for seven years.

With the approaching 10-year anniversary of Sept. 11, that same flag is being sewn back together one stitch at a time by citizens of every state. The New York Says Thank You Foundation is on a mission to restore the National 9/11 Flag with the help of Veterans, police officers, firefighters, and local service heroes. On June 21, the Martinsburg (W.Va.) VA Medical Center was honored as the second VA medical center in the nation to host a stitching ceremony for the flag.

As each person entered the room for the occasion, deep emotion was visible on many of their faces. Sad-

ness, respect and honor overwhelmed them as their eyes met the American flag, lying majestically in the center.

The combined color guard circled the room with flag bearers carrying the American, West Virginia, VA, and POW/MIA flags, while the honor

“Veterans, the men and women who pledged to honor and protect this nation, are like the American flag,” said Medical Center Director Ann R. Brown.

“They are a symbol of our unity as a people. Without them, we could not be whole.”

After guest speakers and honor guard, eight members of the community nominated as local service heroes were asked to place their stitch in the flag. One such hero, American Legion Riders, Post 14 Director and Veteran Brian Tolstyka said, “This was a once-in-a-lifetime opportunity to show the honor and love for our country.”

Following the ceremony, everyone was invited to stitch. The line of people waiting to leave their mark on history spilled out the door. Veterans unable to stand were wheeled to the flag, their hand guided with the needle through a patch of deep red fabric. One Veteran was so moved that he broke into tears and almost collapsed. Emotion flooded the room.

The day came to a close when members of local fire and police departments carefully folded the flag into the traditional triangle before it continued on its journey across the country. **VA**



Original remnants of the National 9/11 Flag lay in the foreground, reassembled with restorative patches from American flags destined for retirement.

KATHRYN MORRIS

guard of the 167th Airlift Wing, West Virginia Air National Guard, assembled at each corner of the National 9/11 Flag.

The room was silent. For many, faded patches of cloth and thread would never again mean so much.

By Sarah Tolstyka

Going the Distance for a Cause

Three VA retirees bike across the country to raise money for the Alzheimer's Association.

Bill Miller, Curtis Hunter and Don Williams are all in their 60s, all avid bicyclists, all VA retirees, and all recently shared an adventure.

They left in April from Yorktown, Va., to ride more than 3,900 miles to Astoria, Ore., on the American Bicycle Association's TransAmerica Trail. The trip took about three months.

"We've been so excited about this, like three little kids waiting for Christmas to come," said Miller during the journey.

Hunter and Williams have another connection that's not so happy.

They have relatives who have late-stage Alzheimer's disease. For Williams, it's his mom who no longer knows who he is.

Hunter's brother-in-law also has the affliction that robs 5 million Americans of their memories before stealing their lives.

That's why the men used the coast-to-coast bike trip to raise funds for the Alzheimer's Association. Their goal was to raise \$10,000. Online contributions were being accepted at alz.kintera.org/sportingevents/transam.

Miller returned to central Illinois to retire after a career with VA in Chicago and Washington, D.C. Hunter and Williams were co-workers with Miller at VA. All three worked in the information technology field. They stayed good friends.

Miller rode a bike all his life. His first multi-day trip was the Cycle Across Maryland, a ride of about 400 miles.

Eventually, he heard about RAGBRAI, the annual bicycle ride across Iowa.

He first did that ride just after the new millennium, the same year Wil-



Left to right: Bill Miller, Don Williams and Curtis Hunter biked more than 4,000 miles.

liams earned the Iron Butt Award by riding his motorcycle in 49 states in seven days. After that motorized feat, Williams decided to try riding two wheels sans motor.

The next year, he joined Miller on RAGBRAI. Hunter joined them the year after that when a doctor told him to quit running to spare his knees.

Not long ago, one of them suggested they ride across the country. The idea was to ride totally unsupported by motorized vehicle. If they wanted it along, they had to carry it themselves—camping gear, cookware, clothing, everything.

Miller was training by adding bricks to his panniers, the packs that attach to his bike, a Surly Long Haul Trucker. But he switched to loading actual gear when experiments revealed that training with sheer weight wasn't enough.

Riding with bloated panniers is much harder in the wind. After all, the trio was going into the prevailing winds that blow west to east across the United States. Miller said the choice let them start earlier in the year than they would going the other way because of the chance for snow in the Rocky Mountains.

Going west, the sun was not in their eyes—or the eyes of passing motorists—during the morning, when much of the riding was done.

The men tried to cover about 60 miles a day. Nights were spent in campgrounds and hostels.

During the day, they found libraries or a WiFi connection to upload blogs at the popular website for touring cyclists, crazyguyonabike.com. **VA**

Editor's note: This story by Scott Richardson originally appeared in *The Pantagraph*, Bloomington, Ill.; it was updated and adapted for *Vanguard* by Tim Clifton.

Allison Hickey Sworn in as Under Secretary for Benefits

Retired Brig. Gen. Allison A. Hickey, a 27-year Veteran of the Air Force, Air National Guard and Air Force Reserve, and a graduate of the first U.S. Air Force Academy class to include women, was sworn in as VA's Under Secretary for Benefits.

Hickey, a pilot and aircraft commander, has 17 years of leadership in Department of Defense strategic and transformation planning, program and resource implementation, public and congressional affairs, and quality and organizational management.

She served as head of the Air Force's Future Total Force office, and as Assistant Deputy Director of Air Force Strategic Planning, leading one of the largest mission and culture change efforts the Air Force has gone through since its inception.

Additionally, Hickey held the position of Air Force Future Concepts and Transformation Division Chief, focused on the integration of technologies, organizations and operations that became the model for the Air Force of 2025.

She also brings private industry experience, leading human capital management as an executive for Accenture in its work for the National Geospatial-Intelligence Agency, and supporting operational business processes for other intelligence community organizations in the areas of customer relationship management, call center practices, and other 21st-century information technology systems.

"As a recently separated Veteran, I have first-hand experience with the transition processes that thousands of



Allison Hickey is sworn in by VA Secretary Eric K. Shinseki as her husband, Robert, looks on.

Veterans and their families experience every day," said Hickey. "I also have personal knowledge of the issues and sacrifices made by military families—including those of our National Guard and Reserve. I am excited to be part of the VA team focused on

servicing Veterans."

Hickey replaced Acting Under Secretary for Benefits Michael Walcoff, who will be retiring from VA after more than 35 years managing the Department's benefits programs and 57 field offices, with nearly 20,000 employees.

Steve Muro Sworn in as Under Secretary for Memorial Affairs

Steve L. Muro, a Vietnam Veteran with leadership experience at every level of the National Cemetery Administration, was sworn in as Under Secretary for Memorial Affairs. Muro had been Acting Under Secretary for Memorial Affairs since January 2009.

Starting in 1979 as an automotive mechanic at the Los Angeles National Cemetery, Muro's life's work has been linked with VA's memorial affairs administration. He served in leadership positions at eight national cemeteries and as director of Memorial Service Network IV, based in Oakland, Calif., responsible for cemetery operations in nine Western states. From 2003 to 2008, Muro was director of

the cemetery administration's Office of Field Programs. During that period, he twice led NCA in achieving the unprecedented American Customer Satisfaction Index (ACSI) score of 95 percent.

In October 2008, Muro received the Presidential Rank Award as a Meritorious Executive. Awarded to fewer than 5 percent of senior federal executives, the award recognizes exceptional leadership, accomplishments and service over an extended period. Also in October 2008, he was named Deputy Under Secretary for Memorial Affairs. He was named Acting Under Secretary for Memorial Affairs on Jan. 21, 2009.

Muro is a Navy Veteran



VA Secretary Eric K. Shinseki officially appoints Steve Muro as Under Secretary for Memorial Affairs. Muro was officially sworn in on June 6; he'd served as Acting Under Secretary since January 2009.

who served two tours in Vietnam, including tours onboard the destroyer USS Benjamin

Stoddert (DDG22) and a tour with a mobile construction Seabee battalion.

14 VA Executives Honored With Presidential Rank Awards

Each year, the President recognizes and celebrates a small group of career senior executives with the Presidential Rank Award. Recipients of this prestigious award are strong leaders and professionals who achieve results and consistently demonstrate strength, integrity, industry, and a relentless commitment to excellence in public service.

There are two categories of rank awards: Distinguished and Meritorious. Award winners are chosen through a rigorous selection process. They are nominated by their agency heads, evaluated by boards comprised of private citizens, and approved by the President. The evaluation criteria focus on leadership and results.

Distinguished Rank recipients receive a lump-sum payment of 35 percent of their rate of annual basic pay; Meritorious Rank recipients receive 20 percent of their rate of annual basic pay. All recipients receive a framed certificate signed by the President.

VA Secretary Eric K. Shinseki honored the 14 Department leaders who re-

ceived 2010 Presidential Rank Awards during a ceremony at The Army and Navy Club in Washington, D.C., on July 14. "These men and women, with their energy, intellect, drive and determination, have lifted VA to a higher plane, making government live up to its potential for good," the Secretary said.

VA's Distinguished Executive recipients were: Susan Bowers, Director, VA Southwest Health Care Network (VISN 18), Mesa, Ariz.; and Peter Henry (retired), Director, VA Black Hills Health Care System, Fort Meade, S.D.

Meritorious Executive recipients were: Phillipa Anderson, Assistant General Counsel, Office of Government Contracts, VA Central Office; Dr. Carol Batten-Fillman (retired), Director, St. Paul VA Regional Office, Minnesota; William Cox, Director, Louis A. Johnson VA Medical Center, Clarksburg, W.Va.; John Dandridge Jr., Director, VA MidSouth Healthcare Network (VISN 9), Nashville, Tenn.; Richard Ehrlichman,



VA Secretary Eric K. Shinseki applauds the Department's 2010 Presidential Rank Award recipients at a ceremony in Washington, D.C., in July.

Assistant Inspector General for Management and Administration, Office of the Inspector General, VA Central Office; Kevin Hanretta, Deputy Assistant Secretary, Office of Emergency Management, VA Central Office;

Samuel Jarvis (retired), Director, Muskogee VA Regional Office, Oklahoma; William Paul Kearns III, Chief Financial Officer, Veterans Health Administration, VA

Central Office; Thomas Lastowka, Director, Philadelphia VA Regional Office & Insurance Center; Timothy Liezert, Director, Orlando VA Medical Center, Florida; William Nicholas (retired), Director, Roanoke VA Regional Office, Virginia; and Ronald Walters, Director, Office of Finance and Planning & Chief Financial Officer, National Cemetery Administration, VA Central Office.

VA Launches Major Effort to Reach Out to Women Veterans

VA has embarked on a major initiative to reach out to women Veterans to solicit their input on ways to enhance the health care services VA provides to women Veterans.

Representatives at VA's Health Resource Center are placing calls to women Veterans nationwide, asking them to share their experiences with VA and suggest potential enhancements that will further VA's mission to provide the best care anywhere.

Women Veterans are one of the fastest-growing segments of the Veteran population. Of the 22.7 million living Veterans, more than 1.8 million are women. They comprise nearly 8 percent of the total Veteran population and 6 percent of all Veterans who use VA health care services.

VA estimates by 2020 women Veterans will constitute 10 percent of the Veteran population and 9.5 percent of VA patients. The HRC, which

started placing calls on June 1, is contacting women Veterans who have enrolled, but have not begun using VA services.

"Through this contact center, we are placing friendly, conversational calls to women Veterans," said Patricia Hayes, chief consultant for VA's Women Veterans Health Strategic Health Care Group. "We want these Veterans and their caregivers to talk candidly about why they are not using VA, whether they are aware

of the gender-specific services we offer, and what additional services they would like to see VA offer."

The HRC representatives making the calls are also informing women Veterans about the services VA offers and quickly connecting them with appropriate departments if they are interested in trying VA health care. Veterans who have complaints about VA are connected to a patient advocate who helps resolve issues.

PMF Program Draws Best and Brightest to Work in Government

In April, the Presidential Management Fellows Program attracted thousands of students from across the nation to participate in a highly selective job fair in Washington, D.C. Representatives from dozens of federal agencies competed for the best and brightest seeking a meaningful career opportunity.

“Being part of this year’s PMF Job Fair was a great experience,” said Corrine D. Smith, who represented the VA New England Healthcare System at the event. “The event was well organized. We were able to meet so many wonderful candidates, and we conducted more than 30 interviews.”

Each year, the Office of Personnel Management recruits recent graduates from top master’s and doctoral programs from accredited colleges and universities worldwide. Fellows can be hired at the GS-9, GS-11 or GS-12 level (or equivalent).

The Presidential Management Fellows Program selects only the best candidates to become finalists. Just one in 10 applicants are ultimately chosen for a fellowship.

Fellows are able to experience working at a federal

agency through a two-year appointment during which they are challenged with a variety of tasks that require tactical and strategic skills. In addition to working at a single federal agency, fellows have the option to participate in a rotational opportunity at another agency. The program’s main objective is to develop potential government leaders.

“The PMF program has been an excellent way for me to become part of VA,” said current VA fellow Zeke Reich, Alternative Dispute Resolution specialist, Class of 2010. “Looking around at this year’s PMF job fair, I was very excited to think that a new generation of PMFs will be joining us soon.”

These students are looking for careers that will accommodate their scholastic and employment attributes. Since federal agencies offer many of the benefits and career prospects a PMF is seeking, VA provides information about every branch of the Department and also conducts on-site interviews for qualified fellows. It is essential to establish a highly positive image of VA, its mission, and to emphasize what sets VA apart from the other federal agencies at the



Kimberly Waggoner, special assistant to the director at the Martinsburg (W.Va.) VA Medical Center, speaks to PMF finalists about the benefits of working for VA.

event.

“I reinforced friendships that began at my in-person assessment in Atlanta, clarified position descriptions posted online, made strong contacts at several agencies, and had some very favorable interviews,” said Matt Deaton, a 2011 PMF finalist.

“I must say that VA stood out in terms of recruitment and organization before and during the fair,” Deaton added. “I pursued two positions within VA, and in both cases my e-mails and phone calls were returned promptly, and

in both cases interviews were scheduled and carried out with professionalism and tact.”

Presidential Management Fellows are available for hire year round, providing a constant stream of top talent to hiring managers. Each year, the PMF Program recruits thousands of applicants and puts them through a rigorous screening process. Only the best become PMF finalists. Inquiries about the PMF program can be sent to lisa.allison-lee@va.gov, or visit the OPM/PMF website at www.pmf.opm.gov.

National Historic Landmark Status Granted for Four VHA Sites

On June 17, the Secretary of the Interior designated four VA medical centers as National Historic Landmarks—the highest honor and level of recognition for historic properties in America.

The newest National Historic Landmarks are all former branches of the Veterans Health Administration’s

earliest ancestor—the National Home for Disabled Volunteer Soldiers: Milwaukee (former Northwestern Branch); Mountain Home, Tenn. (former Mountain Branch); Leavenworth, Kan. (former Western Branch); and Hot Springs, S.D. (former Battle Mountain Sanitarium).

Before these four sites

were listed, VHA had only two properties listed as National Historic Landmarks: the Governor’s House at Togus, Maine, and a Silurian archaeological site on the grounds of the Milwaukee VAMC. All of the former National Homes had cemeteries on them, and in 1973 they were designated as national cemeteries. Nation-

al Historic Landmark status is also extended to the national cemeteries located at these four sites.

There is a distinction between being listed on the National Register of Historic Places versus listing as a National Historic Landmark. Properties nominated for either category must meet

certain age, historic integrity and significance criteria, and survive a stringent review process; however, listing as a National Historic Landmark requires that a property be of national significance and that the architecture and site retain an exceptional level of historic integrity and character.

National Historic Landmarks represent the “cream of the crop” in American history or architecture, and these four medical centers now join other significant American landmarks—like the White House, U.S. Capitol, Monticello, and Hoover Dam—in representing an important part of the nation’s past. Each of the new landmark sites will be honored with a bronze plaque from the Secretary of the Interior. The National Historic Landmark Program was established in 1935 and is administered by the National Park Service on behalf of the Secretary of the Interior.

VA partnered with the National Park Service in 2004 to conduct a historical study of sites constructed by VHA’s



COURTESY OF VHA HISTORY OFFICE

The newest National Historic Landmarks are all former branches of the Veterans Health Administration’s earliest ancestor—the National Home for Disabled Volunteer Soldiers, including the Northwestern Branch in Milwaukee.

earliest ancestor. VA’s Historic Preservation Office, the National Cemetery Administration History Program, and the VHA History Office were

involved in the project.

Visit this site to read the nomination report executive summary: www.nps.gov/history/nhl/Downloads/NHDVS/

[NHDVS%20Draft%20Two.pdf](http://www.nps.gov/nhl/NHDVS%20Draft%20Two.pdf). Additional information on the National Historic Landmarks can be found at: www.nps.gov/nhl.

VHA Launches Pilot Electronic Health Record Training Web Site

The VA Office of Health Information and Office of Informatics and Analytics have launched a pilot project called MyVeHU Campus.

MyVeHU Campus is a Web-based application that assists staff with electronic health record training no matter their location. Launched April 26, MyVeHU Campus offers access to EHR training tools created from a collection of VA eHealth University conferences.

MyVeHU Campus is designed to provide the best learning on VA’s award-winning EHR through online

training. All resources are at your fingertips, available for access from the comfort of your own office or from anywhere there’s an Internet connection—from within or outside of the Department’s firewall.

Phase I of MyVeHU Campus has a super, simple, smart search tool to expedite searching for specific EHR training courses. Whether you are looking for a course on disease management or you are searching for a specific health prevention topic, MyVeHU Campus is your one-stop, online solution.

Once logged on, users can enter “disease” as a search criterion and get a return on all related courses. If you don’t know where to begin, the questions in “Interview Search” will guide you to narrow your search by Track, Topic, Keywords, Year, Title or other detail until you arrive at the selected course. MyVeHU Campus also offers bookmarking and favorite features to enhance the user’s learning experience.

“We hope VA staff will make MyVeHU Campus their campus for EHR learning by enrolling and bookmarking

www.MyVeHUCampus.com today,” said Gail Graham, acting Assistant Deputy Under Secretary for Health, VHA Office of Informatics and Analytics. “MyVeHU Campus will continue to expand and meet users’ needs.”

For questions, contact Becky Monroe, director of training and strategy, VHA Office of Informatics and Analytics, at Becky.Monroe@va.gov, or 319-430-0445. Take time today to log on and join the nearly 2,250 users from various countries already taking advantage of MyVeHU Campus.

Patrick Sheehan

Patrick Sheehan knows all too well the perils of riding the Metro in the Washington, D.C., area. Not only does he deal with the crowded trains, delays and noise daily—he is also visually impaired.

Several years ago, Sheehan was approaching a train at the Silver Spring, Md., station and stepped toward a spot of light that to him indicated an open car door. In fact, it was a space between the cars, and if Sheehan hadn't realized that at the last minute, the mistake could have been fatal. "If I had fallen into the tracks and the train started up, I could have been crushed, or at least very badly hurt," said Sheehan, 57.

To prevent such accidents, Sheehan, chairman of the Accessibility Advisory Committee that works with Metro, lobbied to make door barriers a standard part of Metro's rail cars. In addition, Sheehan, who lost much of his vision in an accident at age 33, has been a driving force behind several improvements, including the installation of barriers between rail cars, guaranteed elevator access and

"Now accessibility is integrated into the overall design of what we are doing. It's not an afterthought or add-on."

better station lighting. Sheehan also led the effort to line platform edges with a bumpy material, making it easier for blind people to detect them with canes.

For his efforts, Sheehan was recently awarded the 2010 Richard W. Hedding Accessible Transportation Award by the Washington Metropolitan Area Transit Authority. The award honors a person or organization whose efforts have resulted in significant improvements to accessible public

transportation services for people with disabilities.

"Mr. Sheehan has been a champion for people with disabilities, devoting much of his life to improving accessibility in the Washington region and across the country," said Christian T. Kent, Metro's Assistant General Manager of Access Services. "We are grateful for his leadership and are pleased to present him with the Hedding Award."

Since 2002, Sheehan has served as director of the Section 508 Program Office within VA's Product Development Product Assessment Competency Division in Washington, D.C. He also serves as VA's Section 508 coordinator, representing the Department in all matters dealing with information technology conformance, including interpreting the 508 requirements and how they will be implemented enterprise-wide. At VA, Sheehan is responsible for ensuring that all electronic and information technology VA buys, procures, maintains or develops meets the requirements of Section 508.

Section 508 ensures that federal employees and members of the public with disabilities have access to and use of information and data comparable to that of employees and members of the public without disabilities, unless an undue burden would be imposed on the agency. Section 508 compliance applies to everything from desktop and portable computers, to video and multimedia products, Web-based Internet and Intranet information and applica-



Patrick Sheehan is an advocate for disabled rights and access.

tions, software applications and operating systems.

Sheehan often talks to IT professionals, procurement officials and disabled VA employees to explain what Section 508 is, what disabled employees can expect from VA regarding access, and the agency's responsibilities under Section 508 and Section 504, which prohibits discrimination against people with disabilities.

But Sheehan doesn't stop at just making sure VA is com-

pliant with Section 508. In fact, he has become an expert in his field, giving talks in the community, advocating at public forums, and campaigning for disabled access rights across the D.C. area. He has advocated on behalf of people who are blind on a number of issues, including the installation of Accessible Pedestrian Signals at street intersections throughout the state of Maryland, which resulted in a federal decision to install audible traffic signals at intersections

throughout the United States. Sheehan has chaired the AAC for WMATA for the past 20 years, working on transit issues for disabled persons. He also previously served on the board of directors with the American Council of the Blind, working on issues such as transportation and pedestrian access for blind and low vision individuals.

To Sheehan, campaigning for disabled rights and access is more than just a job. He is satisfied that the needs of disabled people are now taken into consideration on all Metro projects. "Now accessibility is integrated into the overall design of what we are doing," he said. "It's not an afterthought or add-on."

By Amanda Hester

Access and Safety for All

Patrick Sheehan was awarded the 2010 Richard W. Hedding Accessible Transportation Award by the Washington Metropolitan Area Transit Authority.

Researchers Seek Clues to Combat Stress Resilience and Longer Life in Purple Heart Medal

A study led by VA researchers found that aging Veterans who earned the Purple Heart show decreased mortality compared with those who had not earned the medal. Additionally, those war-wounded Veterans who survive into later life—especially those who do not develop post-traumatic stress disorder (PTSD)—may provide valuable clues as to the factors that lead to resilience to combat stress.

A team of VA researchers who studied more than 10,000 Veterans of World War II and the Korean War produced these findings, which appeared online in the journal *Depression and Anxiety*. “Among the older Veterans we studied, those with Purple Heart citations had half the mortality rate of those without Purple Heart citations,” said lead author Tim Kimbrell, M.D., a physician-researcher with the Center for Mental Health and Outcomes Research, based at the Central Arkansas Veterans Healthcare System.

Whether the Purple Heart holders had chronic PTSD or not, they were about twice as likely to still be alive after some 10 years of follow-up, compared with those with no Purple Heart and no PTSD. The study included Veterans

who were 65 or older in the late 1990s. It tracked their survival through 2008.

It is estimated that more than a million service members received a Purple Heart in World War II, and nearly 119,000 in the Korean War. In recent years, researchers with VA and the Department of Defense have sought insight into the psychological and neurobiological factors that enable some service members to avoid developing PTSD after traumatic events.

The authors of the new VA study say Purple Heart holders who survive long past their war experience without PTSD may be the ideal population on which to focus such research.

“Our theory was that there are many factors that contribute to resilience to PTSD, and these same factors may increase survival,” said Kimbrell.

The researchers were surprised to find that among Purple Heart recipients, those with PTSD had slightly lower mortality than those without PTSD. This is a contradiction to several studies that have shown a link between chronic stress conditions such as PTSD and worse survival.

Kimbrell and colleagues suggest this finding is due to what they term “early attrition.” Those who had been physically injured in World War II or Korea and suffered



MICHAEL L. MOORE

A VA study found that aging Veterans who received the Purple Heart show decreased mortality compared with those who did not receive the medal.

PTSD may have been less likely to survive until age 65 in the first place; the PTSD-Purple Heart group included in their study may have been an exceptionally healthy and hearty cohort of Veterans.

The researchers say further studies involving these Veterans, as well as those who were wounded in combat but did not develop PTSD, may lead to new insights to help prepare future service members to cope with the stress and trauma of war.

Kimbrell, in addition to

his VA role, is also a professor at the University of Arkansas for Medical Sciences. He collaborated on the study with other authors from his site, as well as with colleagues from the Houston Center for Quality of Care and Utilization Studies, at the Michael E. DeBakey VA Medical Center; Baylor College of Medicine; the Ralph H. Johnson VA Medical Center in Charleston, S.C.; the Medical University of South Carolina; and the University of Texas Health Science Center.

Bariatric Surgery Study Looks at Survival Impact in Older Veterans

In the first study to compare survival associated with bariatric surgery in mostly male patients, bariatric surgery was not significantly associated with decreased mortality, according to a research study published in the June 15 issue

of the *Journal of the American Medical Association*.

In recent years, there has been a substantial increase in the prevalence of obesity, which is a challenge to treat. Bariatric surgery is the most effective way for severely obese patients to achieve weight loss.

The bariatric surgery study compared mortality rates

for 850 obese Veterans who had received the procedure at one of 12 VA bariatric surgery centers between 2000 and 2006. These Veterans were considered to be “high risk” due to older age and greater weight in comparison to more than 41,000 obese Veterans who had not received bariatric surgery, but had used VA out-

patient services.

The study also compared mortality rates for 847 obese Veterans who had received bariatric surgery and 847 matched obese Veterans who had not received bariatric surgery. Patients were followed for nearly seven years.

The study was designed to shed light on the benefits of

bariatric surgery in a defined group of patients over a limited timeframe. Despite this study's findings, investigators are not suggesting VA stop doing bariatric surgery for certain patients.

"Significant weight loss results in improved disease control and quality of life for patients, so there are many reasons why patients like those in our study may still want to undergo bariatric surgery," said Dr. Matthew Maciejewski, the study's lead investigator and part of the Health Services Research and Development Center for Health Services Research in Durham, N.C. "Also, other studies, conducted on different patient populations, have found bariatric surgery to be associated with reduced mortality and have also suggested that survival benefits from surgery-induced weight loss may take longer than six years to become evident."

An analysis of the 1,694 propensity-matched patients

found that bariatric surgery was not significantly associated with reduced mortality. Maciejewski recommends that Veterans who are considering bariatric surgery in VA, and who are similar to Veterans examined in this study, "should be counseled by their VA surgeon that bariatric surgery may not impact their survival in the medium term (6-7 years), but that the long-term association with mortality remains unknown."

Moreover, because a high proportion of Veterans with diabetes or high cholesterol are able to discontinue their medications after bariatric surgery, he suggests that longer-term survival benefits be examined for Veterans who had bariatric surgery after 2006, before VA changes its policy or guidelines.

Dr. Joel Kupersmith, VA's chief research and development officer, notes that VA considers all associated evidence in any policy decision,



ROBERT TURTEL

In recent years, there has been a substantial increase in the prevalence of obesity, which is a challenge to treat.

but notes this is just one study. "It is by conducting leading-edge research studies such as this one on bariatric surgery, and evaluating the meaning in the context of all rigorous scientific evidence, that VA Research provides the foundation for optimal Veterans' health care," he said.

Maciejewski also does not recommend that insurers stop covering bariatric surgery for high-risk patients based on these study results because, "survival is just one aspect of the cost-effectiveness of bariatric surgery, which has been shown to be cost-effective for eligible patients."

Special Journal Showcases VA Women's Health Research

A special supplement of the journal *Women's Health Issues* published July 13 shows the tremendous growth and diversity of VA women's health research in recent years.

Titled "Health and Health Care of Women Veterans and Women in the Military: Research Informing Evidence-based Practice and Policy," the special journal edition, known as a supplement, features commentaries by VA investigators examining the role, history and future of women's health research.

For example, in an opening commentary, Elizabeth M. Yano, Ph.D., and Susan M. Frayne, M.D., discuss the heightened focus on health

services research, with more articles published between 2004 and 2008—the first four years after the VA Office of Research and Development established its women's health agenda—"than in the previous 25 years combined."

The supplement also includes 18 peer-reviewed research articles addressing the changing demographics and demands of VA health care presented by the recent surge of women Veterans into the VA system. Among the topics addressed are: gender differences and disparities in care; mental health, including military sexual trauma and substance abuse; post-deployment health, including post-traumatic stress disorder; quality and delivery of care; and special populations, including

homeless women Veterans and those with traumatic brain injuries.

"With women expected to make up 10 percent of the Veteran population by 2018," said VA Under Secretary for Health Robert A. Petzel, M.D., "our goal of excellence in health care for all of our nation's Veterans makes it imperative that we prepare now to meet future demands."

VA Chief Research and Development Officer Joel Kupersmith, M.D., noted, "VA Research is making a tremendous difference in the lives of women Veterans. The supplement clearly shows the scope and depth of VA's research portfolio and the many ways we are working to improve the health of women Veterans."

Women's Health Issues is

the bi-monthly peer-reviewed journal of the Jacobs Institute of Women's Health at the George Washington University School of Public Health and Health Services. The journal focuses on applied research in women's health care and policy issues.

The special supplement, focused on research related to the health issues of women Veterans and military women, was sponsored by the Health Services Research and Development Service, VA Office of Research and Development, with support from the Women Veterans Health Strategic Health Care group.

Free full-text access to the supplement's articles on VA women's health research is available at www.whijournal.com/supplements.

Sock Hop Brings Back Memories

The VA Hudson Valley Health Care System’s Castle Point campus holds several dances each year to enhance cultural transformation initiatives in the Community Living Centers. Many Veterans love to reminisce about the past, and the CLC residents suggested a sock hop. Nutrition and Food, Recreation Therapy, Voluntary and Nursing Services collaborated to make this event a “blast from the past.”

All aspects of the dance immersed the residents back in time to the ’50s, from the food—mini hamburgers, French fries and root beer floats—to the soda shop, music and jukebox-themed décor. Fifties music was provided by a disc jockey, and staff dressed in ’50s attire to add to the ambience. Residents, volunteers, and family members from the Montrose and Castle Point campuses attended, socialized and danced to the music.

“Getting together for an event really stimulates the residents and brings back good thoughts,” said Catherine Napoli, associate chief for Extended Care at VA Hudson Valley. “What a wonderful outing we had,” said Charles Ferris, a disabled Veteran and Purple Heart recipient.



Resident Charles Ferris takes time out to pose with his recreation therapist, Charles Leitch.

Nebraska Health Care Professionals First in VA to Attend Homeland Security Training

Eleven health care professionals from the VA Nebraska-Western Iowa Health Care System were the first in the Veterans Health Administration to attend an integrated training program at the Center for Domestic Preparedness, in Anniston, Ala., in June. The CDP is operated by the Department of Homeland Security’s Federal Emergency Management Agency. It is the only federally chartered weapons of mass destruction training facility in the nation.

The VA employees attended the Healthcare Leadership for Mass Casualty Incidents course, which is a four-day, 32-hour program that provides health care responders an opportunity to address realistic decisions regarding an all-hazards disaster in a facility-based exercise. The course is a combination of lecture and exercises, providing responders a foundation on which to make critical decisions during a fast-paced final exercise.

The CDP develops and delivers advanced training for emergency response providers, emergency managers, and other government officials from state, local and tribal governments. The CDP provides more than 50 training courses that focus on incident management, mass casualty response and emergency response to a catastrophic natural disaster or terrorist act. Resident training at the CDP includes health care and public health courses at the Noble Training Facility, the nation’s only hospital dedicated to training health care professionals or their agency.

Rhode Island National Guard Commanding General Enrolls at Providence VA

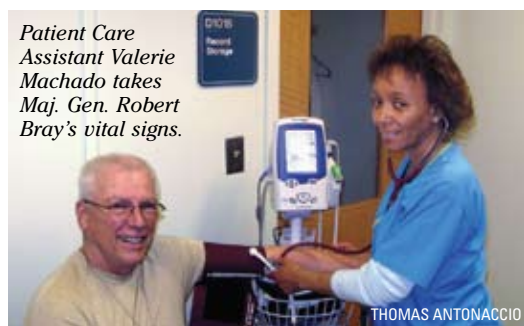
When the Providence (R.I.) VA Medical Center opened its nationally recognized Operation Enduring Freedom/Operation Iraqi Freedom Clinic back in February 2010, the goal was to provide OEF/OIF Veterans a one-stop shopping model of integrative primary and behavioral health care as well as an opportunity to seek after-hours care. The Clinic became an overnight success and, to date, has more than 400 newly established patients. It was recently re-designated as the OEF/OIF/

OND Post-Deployment Clinic to include Veterans participating in Operation New Dawn and now provides Veterans with both their initial and follow-up appointments.

On May 25, the Clinic welcomed one of its newest enrollees. Maj. Gen. Robert Bray, commanding general of the Rhode Island National Guard and adjutant for the state of Rhode Island, joined the long list of newly established patients who have enrolled and are receiving their health care at the Providence VAMC. Just like every other Veteran who establishes care with VA, Bray underwent a vesting examination, which

includes a primary care screen as well as mental health and traumatic brain injury screens. He also met with representatives from the Providence VA Regional Office, the Vet Success on Campus Program, and the local Wounded Warrior Project.

“The Providence VAMC’s implementation of the OEF/OIF Clinic has provided a unique one-stop shopping model of care for our Veterans,” Bray commented after his visit. “The service is fantastic, but it is the VA’s employees that make the difference. Especially their smiles.” Bray recently tendered his resignation from his position as state adjutant and commanding general, Rhode Island National Guard, effective June 30.



Patient Care Assistant Valerie Machado takes Maj. Gen. Robert Bray’s vital signs.

VA Palo Alto Project Delivers Disaster Kits to Veterans With Dementia

Governments must react to disasters, but they can also learn from past experience and respond accordingly. That's the spirit behind the VA Palo Alto Health Care System's Geriatric Research Education and Clinical Center/Geriatrics and Extended Care pilot project to distribute disaster education and disaster kits to Veterans with memory loss.

The GRECC team aligned with Home Based Primary Care program representative Abbie Layton and the VA San Jose Adult Day Health Care Program representative Sue Anne McLean to develop and disseminate these kits. The team put together 550 disaster kits and began distribution on June 24 to Veterans and caregivers through Home Based Primary Care, Adult Day Health and GRECC clinics. The kits contained such things as a crank radio, an emergency beacon, a first aid kit, photo ID and emergency contact number holders, hand sanitizers, gloves, face mask, key information related to behavior management strategies in a disaster and other helpful disaster response information.

"These kits are intended to support Veterans with special needs," said Dr. Nancy Oliva, geriatric fellow with the GRECC. "Research conducted after 9/11 revealed the special problems encountered by frail older adults and other populations of need. Memory loss can occur in Veterans, particularly in older adults, as a result of various dementias, previous traumatic brain injury and post-traumatic stress disorder. Disaster preparedness in a vulnerable Veteran and caregiver population calls for anticipatory guidance and structured support in the form of the basic information and supplies in the disaster kits." The kits cost \$25 each. Much of the money came from community donations.



Navy Veteran Ray Chastain and wife Charlotte receive a disaster kit from Betty Wexler, clinical nurse specialist.

Cleveland VA Medical Center Empowers Veterans and People With Disabilities

In May, the Cleveland VA Medical Center hosted its first-ever career fair strictly for Veterans and people with disabilities. "The focus of the event was to knock down barriers that Veterans and people with disabilities often face when seeking employment, by arranging informational meetings with managers in our organization," said recruiter Chuck Bonacci. Out of the 79 job seekers that attended, 11 are being considered for hire.

"This fair was not formed to hire Veterans and people with disabilities; it was formed to hire highly qualified individuals who happen to be Veterans and people with disabilities," said event coordinator Shawn Beham. Supervisors praised the job seekers for their enthusiasm and motivation. Many were blind, mentally challenged, or Veterans with service-connected disabilities.



The job fair was consistent with VA's goals for hiring more employees with disabilities and Veterans.

Ribbons Cut for VA's First and Second Free-Standing Dialysis Clinics

Over a two-week period, the VA Mid-Atlantic Health Care Network (VISN 6) hosted official ribbon-cutting ceremonies for VA's first two free-standing dialysis clinics. The clinics, located in Fayetteville, N.C., and the Brier Creek area of Raleigh, N.C., were first conceived in 2008 to address the growing need for dialysis among Veterans in North Carolina.

According to VISN 6 Director Dan Hoffmann, the network developed a long-range plan that focused on building internal capacity to provide dialysis and to establish best practices in providing dialysis care for Veterans. "Bringing these clinics on line clearly demonstrates our commitment to caring for Veterans, and our responsiveness to their specific and localized needs," Hoffmann said.

The VA Dialysis Clinic at Fayetteville is a 16-station clinic that will serve 64 Veterans, and the VA Dialysis Clinic at Brier Creek is a 12-station clinic that will serve 48 Veterans. According to Dr. Wissam Kourany, medical director of the Brier Creek clinic, bringing dialysis under a single umbrella of care enhances continuity of care and allows for consistent and integrated oversight of medical records. This gives the Veteran's entire health care team the ability to maintain continuous awareness of each Veteran's treatment and status.

Hoffmann stated that "while the unfortunate fact is that the need for dialysis in this area is expected to grow, the fact that we are here today is testament to VA's commitment to meeting those needs."

VA Butler Hosts First PTSD Awareness Day

VA Butler (Pa.) Healthcare successfully hosted an inaugural Post-Traumatic Stress Disorder Awareness Day June 27 in conjunction with National PTSD Awareness Day.

Behavioral Healthcare staff members specializing in the treatment of PTSD were on hand throughout the day, including psychologists and social workers, to offer support, distribute informational materials, and answer questions related to PTSD and PTSD support services and treatment options for Veterans and family members.

In addition to making health care professionals available, Butler Healthcare provided informational and resource materials from the National Center for PTSD, QuickSeries® PTSD and TBI booklets, VA Butler Healthcare support services information, as well as patient education tools and giveaways, snacks and more to employees and visitors alike.

VA Butler Healthcare is planning to make National PTSD Awareness Day an annual event in an effort to offer accurate and current information about what PTSD is and the advances that have been made to treat it, dispel the myths, and provide the opportunity to decrease the stigma surrounding mental health issues and PTSD. VA Butler's Behavioral Healthcare staff also plans to expand the event next year to include additional information and activities.

Fort Bliss National Cemetery Honors Seven Unaccompanied Veterans

Seven Veterans whose remains had been in the care of the coroner's office in Las Cruces, N.M., unclaimed, were laid to rest at Fort Bliss National Cemetery in Texas with military honors on July 6. This was a collaborative effort between the Missing in America Project, Funeraria Del Angel Martin Central Funeral Home, Dignity Memorial providers, staff at Fort Bliss National Cemetery and the National Cemetery Scheduling Office in St. Louis.



Director Mat Williams (in suit) carries an Army Veteran's urn.

"These Veterans, whose remains, for whatever reasons, have never been claimed by anyone as family—we stand now as their family," said Mary Slawson, of Funeraria Del Angel. "It is an honor and a privilege to be able to provide these soldiers and airmen with the dignified burials they deserve." The procession was led by the Patriot Guard and Freedom Riders. A crowd of more than 100 attended the ceremony. Dignity Memorial and the funeral home provided the metal urns, each with the branch of service emblem.

The five Army Veterans' urns were carried by Army Veterans, including Fort Bliss National Cemetery Director Mat Williams, and the Air Force Veterans' urns were carried by active duty Air Force. An Army and Air Force chaplain each said prayers, followed by taps and folding of the flags. As a distant bagpiper played "Amazing Grace," one flag was presented to Las Cruces Mayor Kenneth Miyagishima, and one to El Paso Mayor John Cook. The other flags were presented to Fort Bliss National Cemetery to fly on the Avenue of Flags. The seven Veterans were placed in the columbarium at Fort Bliss National Cemetery.

Father's Group Seeks to Change Negative Cycles of Thinking and Behavior

The Veterans of the Father's Group in the VA Maryland Health Care System's Intensive Outreach Program hosted their "Father's Day 2011" program on June 16 at the Baltimore VA Medical Center, inviting a national fatherhood expert to deliver the keynote address. Joseph T. Jones is CEO of the Center for Urban Families and a panel member of the Fatherhood and Healthy Families Taskforce of President Obama's Advisory Council on Faith-based and Neighborhood Partnerships.



National fatherhood expert Joseph T. Jones speaks to the group at their Father's Day event in Baltimore.

About a dozen Veteran fathers also presented their perspectives on the need to honor their own fathers, change and improve their legacies, modify their roles as fathers to be more than "providers," and embrace other roles, such as mentors, listening boards and role models.

"I spoke to Father's Group back when it first started, and it is gratifying to see how far it has come and how much it has grown over the years," Jones said, noting that the event is now held in an auditorium with nearly 80 participants. The Father's Group is an elective psychoeducational group that began in 1999 and is led by Mark Arenas, Ph.D., a clinical psychologist.

Since its inception, Father's Group members have made presentations to VA clinics and programs and at fatherhood conventions, educating others about fatherhood and recovery.

**Chief Nursing Officer
Receives Honorary
Degree from Marquette
University**

Cathy Rick, VA’s chief nursing officer, was recognized for a lifetime of service to Veterans when Marquette University in Milwaukee recently bestowed her with an honorary doctorate in science. “Catherine Rick serves as the voice of more than 75,000 nurses in the largest integrated health care system in the world,” said Marquette University President Robert Wild. “Her pioneering efforts over the past decade are cited as a national model for the private sector, setting the stage for health care improvement for all of us.”

Wild said Rick created the necessary structures for

systems improvement, data-driven inquiry, and the ability for nurses to act at the point of care, concurrently capturing and spreading innovation throughout the entire VA system. “During the recent health reform debate,” he said, “many of Ms. Rick’s innovations within the VA were credited with bending the cost curve and achieving quality across a full continuum of care.” Rick was nominated for her honorary doctorate by Margaret Callahan, dean and professor at Marquette University’s College of Nursing.



COURTESY OF MARQUETTE UNIVERSITY

Cathy Rick received an honorary doctorate during Marquette University’s May 22 commencement. Participating in her “hooding ceremony” are Father Robert Wild, university president, and Margaret Callahan, dean and professor at the school’s College of Nursing.

Deputy Assistant Secretary for Finance Receives Government Accountants Group Award

VA Deputy Assistant Secretary for Finance Edward J. Murray received the prestigious Achievement of the Year Award from the Association of Government Accountants in July during the organization’s 60th Annual Professional Development Conference & Exposition in Atlanta. The AGA Achievement of the Year Award provides national recognition to an individual for outstanding achievement in developing, implementing or improving financial management during the past year.

Murray led an effort to deliver specialized training to VA’s entire financial management workforce of approximately 6,800 employees. He led identification of training designed to enhance the technical skills of beginning career employees through senior-level employees, provided multiple venues for staff to obtain recognized financial certifications, set up senior-level training to aid the development of future leaders through attendance at the Chief Financial Officers Academy, and planned and held large-scale financial management conferences. Murray is responsible for the financial management of the second-largest Cabinet department, and one of the most complex from a financial perspective. In fiscal year 2010, VA spent \$127.2 billion across a complex range of programs.

Health Administration Center Executive Appointed Baldrige Examiner

James McCorvey, chief financial officer for the VA Health Administration Center in Denver, has been appointed by the director of the Commerce Department’s National Institute of Standards and Technology, Dr. Patrick Gallagher, to the 2011 Board of Examiners for the Malcolm Baldrige National Quality Award. The award, created by public law in 1987, is the highest level of national recognition for performance excellence that a U.S. organization can receive. As an examiner, McCorvey is responsible for reviewing and evaluating applications submitted for the award. The board is composed of approximately 500 leading experts selected from industry, professional and trade organizations, education and health care organizations, and nonprofits (including government). Those selected meet the highest standards of qualification and peer recognition. All members of the board must take part in a preparation course based on the Baldrige Criteria for Performance Excellence and the scoring and evaluation processes for the Baldrige Award.

VA Employee Inducted Into Pennsylvania Veterans Hall of Fame

The Pennsylvania Department of Military and Veterans Affairs inducted a VA employee into its Hall of Fame earlier this year. Dr. Rory Cooper, director of Human Engineering Research Laboratories, Rehabilitation Research and Development Service for VA, was recognized for his exceptional service to veterans, the military and the nation.

“Dr. Cooper is a uniquely gifted scientist, engineer, inventor, educator, author, athlete, motivational speaker and public servant,” said Maj. Gen. Wesley E. Craig, the state’s adjutant general. “He has dedicated himself to improving the lives of veterans, people with disabilities and service members through advanced engineering and medical rehabilitation research and development.”

Since 2004, Cooper has been co-director of the Walter Reed Army Medical Center’s science symposium on research to clinical care and medical rehabilitation. He is a co-editor of the Borden Institute’s *Textbook of Military Medicine* on the care of combat amputees. Cooper led the effort to bring the National Veterans Wheelchair Games to Pittsburgh this year and served as chairman of the event’s local organizing committee.

Physician-Researcher Honored for Career Achievement

VA physician-researcher Dr. Michael J. Fine received the 2011 John M. Eisenberg Award for Career Achievement in Research from the Society of General Internal Medicine recently. “Dr. Fine’s work reflects great credit upon the VA health care system and our research program,” said VA Chief Research and Development Officer Dr. Joel Kupersmith.

Fine directs the VA Center for Health Equity Research and Promotion (CHERP), based in Pennsylvania, and is a professor at the University of Pittsburgh. His innovative research has led to improvements in the clinical management of community-acquired pneumonia. The work has also helped shape national and international quality and efficiency standards in this area. In related work, he recently evaluated an initiative at several VA sites to reduce methicillin-resistant *Staphylococcus aureus* (MRSA) infections and boost providers’ use of alcohol-based hand rubs, which was recently recognized by the *New England Journal of Medicine*. He also led a major study aimed at shortening the duration of intravenous antibiotic therapy and hospital stays for people with pneumonia.

Houston VA Executives Receive Award of Merit from Bar Association

The Michael E. DeBakey VA Medical Center’s director, Adam Walmus, and Social Work executive, Miguel Ortega, were recognized by the Houston Bar Association with an Award of Merit for their support and assistance with the successful legal clinic held at the Houston facility each Friday. Walmus and Ortega have been integral to the success of the Bar Association’s weekly legal advice clinic for Veterans. Their support and assistance in navigating VA regulations has made it possible to conduct a legal clinic every Friday at the medical center.

The pair has been instrumental in setting up a network to ensure that Veterans who enter the hospital get the resources they need, including help with legal issues such as family law, landlord/tenant issues, wills and probate, and tax laws. Since 2008, the clinic has continued to grow and now assists 30–40 Veterans each week, with five to eight volunteer attorneys providing legal advice.

Right: Adam Walmus (seated) and Miguel Ortega received the Award of Merit from the Houston Bar Association.



TEMPLE WEBBER

Promising Houston Cancer Researcher Receives Award

Daniel A. Anaya, M.D., a surgical oncologist and director of the Liver Tumor Program at the Michael E. DeBakey VA Medical Center in Houston, was recently selected to receive the 2011 Conquer Cancer Foundation of American Society of Clinical Oncology Career Development Award for his research, titled “Postoperative Transitional and Health-Related Quality of Life Outcomes in Elderly Patients with Colorectal Cancer.”

Anaya’s research focuses on using a comprehensive battery of tests geared toward assessing the baseline health condition of elderly patients to predict how surgical and multidisciplinary management of colorectal cancer affects patients’ subsequent quality of life and ability to recover their pre-cancer health. This information will assist in the decision-making process when considering different treatment strategies and identify specific areas where care provided before, during and after surgery can be optimized. The goal of Anaya’s research is to improve overall outcomes in the elderly. Anaya is also an assistant professor of Surgery/Surgical Oncology at Baylor College of Medicine.



Dr. Daniel Anaya

VA’s Mail-Order Pharmacy Wins J.D. Power Customer Service Award

VA’s mail-order pharmacy program has been recognized as a J.D. Power 2011 Customer Service Champion, one of only 40 entities in the United States to earn the distinction this year. “We are honored to receive this distinction and be included in this elite group of companies that focus on customer service excellence,” said Rita Brueckner, national quality management officer for VA’s Consolidated Mail Outpatient Pharmacy program. “Customer satisfaction is our top priority, and we appreciate this external recognition of our efforts.”

VA’s CMOP program mails prescription medications and supplies directly to patients. Local VA medical center pharmacies almost always process and dispense the initial prescription order; after that, the vast majority of refills are handled via mail order. The goal is delivery of medication or supplies to the patient within 10 days of request. VA typically gets the prescription delivered in less than five days. CMOP processed nearly 107 million prescriptions in fiscal year 2010. Every workday, 300,000 Veterans receive medication or supplies from VA.

Lovell Nurse Wins American Nurses Association Immunity Award

Navy Veteran Stephen Dolak, an immunization nurse specialist at the Captain James A. Lovell Federal Health Care Center in North Chicago, Ill., was recently awarded the American Nurses Association Immunity Award for June 2011. The monthly national immunity award is part of the ANA’s Bringing Immunity to Every Community project. “This award is much more a reflection of my immunization team,” said Dolak. “It’s about this motivated team providing the best care for our patients.”

Dolak considerably streamlined the immunization program at the Lovell FHCC’s Fisher Branch Health Clinic by redesigning it to facilitate a larger volume of patients. This change increased the compliance rate for tuberculosis skin test interpretive readings from 60 to 95 percent. The retired Naval officer with 22 years of service also improved the vaccine program to protect against yellow fever, endemic to some tropical regions, while also devising a plan to reduce waste of multi-dose vials of the vaccine.

IT Deputy Honored by Government Executive

VA Deputy Assistant Secretary Jerry Davis, of the Office of Information and Technology, was featured in *Government Executive* magazine’s June special issue “The Chiefs,” spotlighting innovative chief officers in various disciplines in the executive branch. The *Government Executive* editorial team selected Davis to be featured in the magazine because “you have done an exemplary job in addressing the challenges your agency faces. We believe our audience—senior leaders from across the federal government and the military—would be very interested in hearing about your successes and your views on what the future holds.”

Davis was invited to speak, along with other featured executives, at a related event, part of *Government Executive’s* long-running series at the National Press Club. The forum offers many high-ranking government officials a chance to air their views on pressing issues of the day.



Dental Professionals Save More Than Teeth and Smiles

In the early evening of June 16, four Minneapolis VA Medical Center dental staff members were bicycling around Minnehaha Park following the annual picnic to honor outgoing residents. One of them noticed a man in the fast-moving creek, less than 50 yards from a waterfall. He appeared to be in serious trouble, attempting to grab onto rocks, but slipping away.

Giselle Rushin, a VA dental assistant, was the first to respond. She jumped off her bike, leaped over the fence by the creek, and extended

a hand to help the stranger. Dental assistant Linda Borash, dental hygienist Donna Young and dentist Dr. Ipinder Puri were right behind her. They formed a human chain and began to pull together, but it wasn't enough to extract the man from the water. Young began yelling for help. Fortunately, a couple of bicyclists heard the call and stopped to join the human chain. Together the group was able to haul the man to safety. The victim was later transported to a hospital.



Left to right: Dr. Ipinder Puri, Linda Borash, Giselle Rushin and Donna Young.

Off-Duty Dublin VA Cop Saves Veteran's Life

While dining with his family at a local restaurant, Sgt. Craig Andreen, of Police Services at the Carl Vinson VA Medical Center in Dublin, Ga., noticed a man standing at a table with a panicked look on his face. The man's wife yelled, "He's choking." Without hesitation, Andreen performed the Heimlich maneuver, forcing the obstruction out and saving the man's life. After learning that Andreen was a police officer with VA, the victim proudly proclaimed that he was a Navy Veteran and thanked him for not only saving his life, but also for his own continued service to his country as a federal police officer.

When asked to describe his actions, Andreen said, "I just did what I was trained to do. VA police officers are required to be CPR-certified at all times, and I've been a VA cop for seven years, so I was definitely ready. Besides, public service is what I do." Chief of Police Frank G. Jordan Jr., was not at all surprised by his officer's actions. "Sgt. Andreen never misses an opportunity to demonstrate what true public service is all about."



Sgt. Craig Andreen

Middletown Vet Center Therapist Thwarts Suicide Attempt

James McMahon, a marriage and family therapist at the Middletown (N.Y.) Vet Center, was on his way home from work on June 10 when he saw a man standing on a bridge with one foot over the railing looking like he was about to jump. "My initial thoughts were the outcome wouldn't be good for the guy, or an innocent driver passing by, if he decided to follow through with his intention," said McMahon, who immediately turned his car around and went back to talk to the would-be suicide victim.

"I asked him if he wanted to talk, to which he initially didn't respond, but moved closer to the outer edge of the overpass," McMahon recalled. "I continued to attempt to engage the gentleman until we began a disjointed conversation about the circumstances leading up to this point in the day. At that point, people were driving by slowly, and I asked a passing driver to call the local police for assistance." McMahon continued to talk to the man until authorities arrived.

VA Officers Respond to Shots Fired

On May 5, Phoenix VA police received a phone call that gunshots were being fired in the parking lot outside the Community Living Center. The caller hung up before providing any details.

VA police officers Erick DeWerth and Kenneth Wright were on duty and immediately responded to the area of the CLC, where a large group of people were gathered outside pointing to a man standing along the perimeter fence line. Apparently, the man had been involved in a road rage incident and fired multiple gunshots at the other vehicle. As Officers DeWerth and Wright approached, the man began yelling, "I have a gun." With weapons drawn, the officers ordered the man to the ground and successfully took him into custody.

Assisting in the incident were Lt. Norman Drury, Sgt. Tim Franklin and Officer Hector Barahona, who arrived on scene while DeWerth and Wright were taking the suspect into custody. Each provided critical on-site support by cordoning off the area and processing the crime scene.

"Their ability to respond quickly, with limited information, and place themselves in harm's way for the safety of others is a true example of courage and willingness to get the job done," said Assistant Chief of Police Justin K. Flynn. "Both DeWerth and Wright are being awarded Certificates of Commendation."



Quest for Gold in Hawaii

For 25 years, military Veterans age 55 and older have come to the National Veterans Golden Age Games to compete and demonstrate that the warrior spirit never fades. This year, the competition was held in Honolulu May 26-31. More than 900 Veterans from across the country, including Air Force Veteran Alan McCullough, 58, of Indianapolis, competed in 14 different categories for medals. The event is co-sponsored by VA, Help Hospitalized Veterans and the Veterans Canteen Service. It was hosted this year by the VA Pacific Islands Health Care System. Aloha!