









VAnguard VA's Employee Magazine May/June 2011 Vol. LVII, No. 3

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On the cover

Tuscaloosa VA Medical Center employees and spouses Jeff and Cassie Munford stand in the backyard of their home, which was destroyed in the tornado that ripped through the Alabama city on April 27. Their neighbor's cars can be seen piled on top of each other in the background. Despite the fact that many Tuscaloosa VA employees, like the Munfords, were personally affected by the storm, they pitched in to help the community recover from the disaster. photo by April Jones

Keeper of VA's History

Our thanks for the News You Can Use article in the March/ April issue, "You're a Keeper of VA's History," which serves to remind us that VA is indeed the caretaker of some of America's most historic (and endangered) properties related to the birth of this nation's commitment to the health care of its vererans.

Including an image of "Old Main," the iconic soldiers' residence in the Historic Soldiers Home District (soon to be Landmark) of the Milwaukee VA grounds, was especially relevant, as it is the most substantially intact of the three original soldiers' homes established at the conclusion of the Civil War. The Soldiers Home Foundation is proud to partner with VA in the restoration and return to service of the entire district, beginning with a soon-to-be-accomplished enhanced use lease to restore the 1889 Home Chapel.

Jim Duff President Mary Panzer Vice President Soldiers Home Foundation Milwaukee

Deaf Awareness: Breaking Down Barriers

As the division chief of Support Services at the Appeals Management Center in Washington, D.C., communication is an essential element of my successful interaction with the staff. When I arrived, I had one "hearing impaired" employee, Debbie Cannady. Debbie has been with VA for 28 years. A few months later, David Bernard transferred in from San Diego. I would soon learn the term "hearing impaired" is not an acceptable label in the deaf community.

I told myself I can work around this. I communicated with them via e-mail, notes, gestures, and with the assistance of a vocational rehabilitation and education officer who knows sign language and attended my team meetings. I convinced myself that was good enough, but I always knew something was missing.

I made an effort to ensure that Debbie and David understood me, but I knew they were somewhat left out of the everyday social interaction that helps solidify the team and build camaraderie. I knew my hearing employees included them in some of this social interaction, but I also knew we had a long way to go in breaking down communication barriers in our team environment.

When Ron Burke, director of the Appeals Management Center, offered to arrange for our team to participate in a six-hour on-site seminar provided by the Birnbaum Interpreting Service, I was elated. BIS is a deaf-owned and operated company offering sign language interpreting services for government, health care, legal, religious, business and entertainment environments. From this seminar, our team was educated on some interesting facts about the daily lives and struggles of deaf people.

We did not know that people with hearing loss form the largest disability group in the country. In addition to the 4,000 to 5,000 babies who are born deaf every year, many people suffer injuries or illnesses that cause deafness. Deaf people find some terms limiting because they fail to describe the sociological implications of deafness. Labels like "hearing impaired," "deaf and dumb" or "deaf mute" are considered undesirable because they refer to a presumed disability.

After David Birnbaum, founder and CEO of BIS, gave

his presentation, we were able to ask questions and learn basic signs to communicate daily with Debbie and David. They will soon have a P3 Netbook, furnished by the Computer/ Electronic Accommodations Program, or CAP, installed at their workstations. The P3 Netbook will allow them to communicate via videophone on all phone call-related issues for VA or notifications to their office managers for work or personal issues 24 hours a day, seven days a week.

Debbie and David now regularly show the staff and me different signs each day. Learning a new language has been exciting and fun for all of us. Our staff will soon be observing a day of silence. Throughout the day, the staff will communicate via sign language. This will be a challenge for all of us, but we are looking forward to the experience. As we move forward, we are learning to celebrate our differences and break down any barriers that threaten the strength of our team.

> Teresa Martin Division Chief Appeals Management Center Washington, D.C.

Atomic Veterans

I read with interest the article about atomic veterans ("Atomic Veterans: Blasts from the Past Still Reverberate," March/April issue). A couple of related notes on that article.

In 1978, I was a news

photographer for KUTV in Salt Lake City. After watching a report on our news about employees of Dugway Proving Ground being accidentally exposed to nerve agent during testing activities, a veteran, Paul Cooper, called the newsroom with his story about witnessing an atomic test (the test was called Smokey) while in the Army. We took the information and the next day, a reporter and I paid Mr. Cooper a visit at the Salt Lake City VA. He was an inpatient on the oncology ward being treated for leukemia.

The story he told us left us stunned. They were sent into the desert and witnessed the blast from trenches, and shortly afterward were put in formation and marched through the ground-zero area.

That Saturday evening, his story ran on "NBC Nightly News" and was the start of the atomic veterans story. We continued to report on Mr. Cooper until he lost his battle with leukemia the next spring. I covered his funeral and still have one of the brass cartridges that was fired in salute for my friend Paul Cooper.

Now, as a VA employee, I take pride in the fact that I was there when this story broke and also that it started at a VA hospital, the one in Salt Lake City.

> Scott Jackson Chief, Support Services George E. Wahlen VA Medical Center Salt Lake City

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 VA facility. We may need to edit your letter for length or clarity.

'A Permanent Commitment to the Environment' at Altoona VA

The James E. Van Zandt VA Medical Center in Altoona, Pa., was honored with a "Partner Recognition" award by Practice Greenhealth, a national organization for health care facilities committed to environmentally responsible operations. The award is given each year to honor outstanding environmental achievements in the health care sector.

"This VA medical center has been singled out for their efforts to protect patient health and preserve the environment," said Anna Gilmore Hall, executive director of Practice Greenhealth. "Their approach to health care demonstrates a keen understanding of the impact our activities have on the environment and a commitment to build on the achievements they have made so far."

The Altoona VA's Green Environmental Management System, or GEMS, includes: hazardous materials handling and waste disposal; solid waste disposal and reduction; storm water management; pollution prevention; energy efficiency; and green construction, among other green programs. The medical center has active programs reducing natural resource use, increasing the use of recycled products, and using alternative energy.

Altoona currently recycles more than 55 percent of its waste stream and was among the first VA medical centers to begin using biodiesel and E85 ethanol in its fleet, installing the alternative fuels station in 2008. The Altoona VA GEMS program has been recognized as the leading program in VA Healthcare – VISN 4 by the network director.

A significant GEMS project is the new stormwater



Tim Blackburn, GEMS coordinator at the James E. Van Zandt VA Medical Center in Altoona, Pa., releases "fat-head minnows" into a pond that is part of a new stormwater treatment system that reduces runoff into the Chesapeake Bay Watershed. The minnows will consume mosquitoes and also serve as food for the larger fish that will be added to the pond.

treatment system that reduces runoff into the Chesapeake Bay Watershed. The GEMS coordinator conducted four years of planning, research and analysis, with the assistance of student interns from two local universities, prior to construc-

The VAMC constructed the first phase of a stormwater management system that uses a series of wetlands ponds for stormwater treatment. The main pond provides an aesthetically pleasing view at the front of the medical center; it offers a serene and calming environment for veterans and visitors who visit the nearby Wall That Heals.

This project headlined a breakout session at EPA's Chesapeake Bay-Focused Environmental Management Systems Seminar held at NASA's Goddard Space Flight Center in Greenbelt, Md. Mike McNeil, deputy director, Environmental Management Division, NASA headquarters, called it "the most innovative program that I have ever seen."

The goal is protecting, preserving and restoring the area's ecological assets, including the Chesapeake Bay. Enhancing the mission of the medical center was also paramount in the decision process. Restoration of wetlands destroyed in the original construction was incorporated into the goals, leading to a stormwater management design using wetlands ponds for stormwater treatment and restoring the wetlands character, while providing a recreational resource for veterans, visitors and family members.

"Improving environmental performance is essential for the health care sector," said Tim Blackburn, GEMS coordinator for the medical center.

"If we want a sustainable future, every facility needs to become involved. VA has made a permanent commitment to the environment."

The Partner Recognition award is for health care facilities that have begun to work on environmental improvements, achieved some progress, and have at least a 5 percent recycling rate for the total waste stream. The Altoona VA recycled more than 50 percent of its waste last year, including construction waste.

In addition to the Practice Greenhealth award, the VAMC was nominated for the VA GEMS Coordinator of the Year Award and was among the federal facilities considered for highly competitive EPA Region III's Environmental Excellence Award for the second straight year.

By Andrea Young

Barrancas National Cemetery Hosts Caretaker Training Pilot

Barrancas National Cemetery in Pensacola, Fla., welcomed students and trainers for the pilot of the National Cemetery Administration's Caretaker Training program March 21-25.

Cemetery staff hosted a ceremony and luncheon March 24, during which they also dedicated a new burial section. Acting Under Secretary for Memorial Affairs Steve Muro, along with special guests Capt. Christopher Plummer, commanding officer of Naval Air Station Pensacola, and Col. Joseph Richards, commanding officer of Marine **Aviation Training Support** Group, were on hand to welcome the caretakers and to cut a ribbon during the ceremony.

The NCA Caretaker Training program is an initiative to bring consistency and efficiency to the position of cemetery caretaker, an occupation held by more than 50 percent of all employees in NCA. Caretakers are responsible for setting headstones and markers, preparing gravesites, interring caskets and urns, maintaining the grounds and much more. Caretakers at VA national cemeteries must adhere to strict operational standards and measurements that set their cemeteries apart as national shrines.

Fourteen caretaker students came to Barrancas National Cemetery from around the country to participate in the pilot of the training program. In addition, 11 trainers and subject matter experts with a combined total of 218 years of experience with NCA provided instruction and expertise to the group.

"Knowledge is power only if you share the knowledge," Muro told the trainees during



The NCA Caretaker Training program is an initiative to bring consistency and efficiency to the position of cemetery caretaker, an occupation held by more than 50 percent of NCA employees.

the ceremony. "We want you to take what you've learned back to your cemeteries and to your co-workers. And tell them that their turn is coming."

NCA plans to train every caretaker over the next two years. Caretaker trainers will travel to various cemeteries and provide training to classes of about 15 participants from around the region. After two years, new employees will be required to take the course within six months of their employment. Through an agreement with the Army, caretakers at Arlington National Cemetery will be able to receive the training as well.

"With many of our most

experienced caretakers reaching the age of retirement," said Muro, "we needed a way to bring along the next generation of leaders who will safeguard and impart the skills and knowledge needed to maintain our cemeteries as national shrines."

By Chris Erbe

Marking a Major Milestone in Veteran Hiring

VA recently reached a major milestone in the number of veterans making up its workforce. The Department now has more than 100,000 veterans in the workforce, representing 32 percent of VA's 315,000 employees.

Leading the effort to increase the number of veterans in VA's workforce is the Veterans Employment Coordination Service, located in the Office of Human Resources Management. VECS, and its team of 13 regional veterans employment coordinators located throughout the country, work collaboratively with HR offices, managers and supervisors nationally to link qualified veterans to VA career opportunities.

"As the agency entrusted with the care of our nation's more than 23 million veterans, we take pride in knowing that many of our employees who provide services, benefits and health care are representative of the customers we serve," said VECS Director Dennis May. "Having a workforce comprised of over 100,000 veterans shows VA is not only committed to providing the best service to our veterans, but also to employing them." To learn more about VECS, visit www.va.gov/vecs, or contact a member of the VECS staff at 1-866-606-6206.

One Veteran's 'Don't Quit' Message for Women Veterans

A decade after becoming a paraplegic, Air Force veteran and VA patient Kate Callahan is an elite athlete training for the Paralympics.

ome people, when faced with the prospect of being in a wheelchair for the rest of their lives, might fall into a deep depression and focus on all the things they think they can't do anymore. Kate Callahan is not one of those people.

In 2000, the 18-year Army and Air Force veteran was diagnosed with hydrocephalus (fluid on the brain) and required multiple back surger-

ies, which in turn caused the arachnoids in her back to pull her spinal cord apart, leaving her a paraplegic. Always an athlete, she thought those days might be over, and for a time they were.

Then in 2007, she met South Texas Veterans Health Care System Recreation Therapist Jose Laguna, who introduced her to wheelchair sports. Without his guidance, Callahan might still be angry, grieving the loss of her legs.

Meeting Laguna "opened up a whole new world to me," she said. "I just thought, there really is stuff I can do, and since then I haven't been able to stop. I do more now than I did before my injury."

To prove that point, Callahan was in Christchurch, New Zealand, and Australia this past January and February for her first trip to the Paralympics World Championships, where she competed in the shot put, discus and javelin events. Representing just one of 72 countries at the event,

Callahan won 9th place in shot put, 7th place in javelin and 5th place in discus. She is now in the running for the next Paralympics, to be held in London in June 2012.

It was a whirlwind trip for her to get to the world games, beginning with local competitions to qualify for nationals. That was in June 2010; nationals were next, and finding out she was in the running for the Paralympics was the icing on the cake



Kate Callahan, Paralympian and South Texas patient, trains for the shotput event.

and more than she thought she was capable of.

In fact, it didn't even feel real until the World Anti-Doping Agency knocked on her door one night. "Until they had a drug testing agency at my door, I didn't realize I was really doing this," she said, still amazed.

Classified as an elite athlete, Callahan spends a lot of time training for her events. "I couldn't do it without

family support," she said. "I have a 4-year-old who will say, 'go throw momma, go throw,' so that motivates me to train."

With the help of her throwing coach, Gabe Diaz de Leon, Callahan has made it to that elite athlete status. Diaz de Leon, himself a five-time paralympian and a veteran, has been training elite athletes in the sports Callahan is competing in.

Diaz de Leon knows what he's

talking about—he's won six medals over the course of five games, at one point winning gold and setting the world record in the javelin event. "Any sport that's out there can be adapted for people sitting," he said.

Callahan is pleased with the spinal cord injury care she gets at the South Texas Veterans Health Care System in San Antonio, but she'd like to see more care offered for women veterans. Women veterans are pushing for it, she said, "and the need is there. The VA has to meet it

because, well, we're here."

She also encouraged women veterans to meet others. "You'll find that you're accepted and that you're part of the brotherhood—womanhood—just like you were in the service. You still have that camaraderie available. Just meet more women veterans and find out that you are not alone."

By Robin Risemas

Coaching Wounded Warriors to Gold

VA Palo Alto's Rod Williams is an inspiration to everyone around him, including the recently injured Marines he coached to glory in wheelchair basketball.

ecoming an athlete requires stamina and endurance, but when you're in a wheel-chair, athletic challenges can seem overwhelming. Meeting and overcoming physical obstacles is what VA Palo Alto Health Care System's Laboratory Information Manager Rod Williams does best—and he's an inspiration to everyone around him, including recently injured Marines.

Williams lost his ability to walk when he contracted polio at just 9 months old. Today, he is a San Jose State University graduate with degrees in chemistry and microbiology who manages one of VA's busiest hospital laboratories. For 38 years he has

played and coached local and international wheelchair basketball and even won the Paralympics Gold Medal himself in 1988.

It was because of his skills and attitude that the Marine Corps recently asked him to come to San Diego and coach the wheelchair basketball trials for the 2011 Wounded Warrior Games.

"It was truly amazing to me,"

said Williams, "not that they were wounded warriors playing sports, but the fact that they all, every single one of these athletes, had such tremendous spirit—esprit de corps—and gung-ho attitudes. It was contagious."

The Wounded Warrior trials were designed to help wounded, ill and injured athletes prepare for the 2011 Wounded Warrior Games at the Olympic Training Center in Colorado Springs in May. Other events, besides basketball, included swimming, track and field, archery, pistol, rifle, cycling, pentathlon and volleyball. This is the second year for the games, but this year the Marines decided to include international Marines from Australia,

Great Britain and the Netherlands.

According to Williams, the competition was intense. The basketball participants were divided into four teams after the first week of training. On the day of competition, they held a "round robin" tournament in the morning and the games for the medals in the afternoon. Shouldn't surprise anyone that the team Williams coached got the gold medal.

"After the final event of the tournament, one of the oldest veterans, a 64-year-old Vietnam veteran, embraced one of the younger warriors," said Williams. "They held on to each other, celebrating having completed something special. Although they

were generations apart in life, they knew they were bound by something much larger than their disabilities: the Marine Corps Band of Brotherhood.

"It transcends and defines them to never be a quitter, never give up, to finish the mission and to love the way of life they all swore to defend. They are Marines. For all my accomplishments in life, this was an event I will always cherish."



Rod Williams has played and coached wheelchair basketball for 38 years, even winning the Paralympics Gold Medal in 1988.



Them Better

From following proper protocol to treating complex injuries, understanding military culture has never been more important to achieving our mission.

t is said that the best way to understand someone is to walk a mile in their shoes, or in the case of veterans, a mile in boots while wearing 50 pounds of body armor, a Kevlar helmet, ammunition and weapons.

"Understanding what veterans have experienced directly relates to my ability to build a trusting relationship," says Geralyn Mushinski, assistant Vocational Rehabilitation and Employment officer at the VA Regional Office and Insurance Center in Philadelphia. "If I can make that connection, demonstrate that I get it, that's a big step in being able to help."

"The very nature of war and its changing effect on service members and their families presents ongoing challenges and opportunities for today's VA employee, in both large and small ways," adds Karen Malebranche, acting chief officer for the Legislative, Regulatory and Intergovernmental Affairs Office in the Veterans Health Administration. "The key is not only to understand that these changes will keep coming, but also that in the midst of change, VA people work hard to appreciate the little things.

"Just saying, 'thank you for your service,' or calling a veteran by his or her rank can make all the difference," Malebranche, also a retired Army colonel, suggests. "To have their personal sacrifices, and the sacrifices of their families, demonstrably appreciated cannot be understated."

Just as her own field experience helped her improve care in an Army clinical environment, Malebranche believes that understanding what a veteran has endured can help VA employees improve the services they provide.

The benefit of this kind of deepseated understanding of veterans is what brought about development of the VA Military Cultural Awareness Training. The interactive 90-minute e-learning course was launched last November by the VA Learning University under the Office of Human Resources and Administration's ADVANCE initiative.

"I sought out Karen and others like her across the Department after Mike Walcoff (Acting Under Secretary for Benefits) asked for rich customer service training to improve employee understanding of the armed forces and service members," recalls Alice Muellerweiss, Army veteran and dean, VALU. The concept was universally embraced, and prompted swift development of the innovative program.

"Already, 1,458 people have completed the training, and the feedback we've received about its content, impact on providing better service, and the format itself, is excellent," she says. More than 4,600 people have the course on their learning plans to date. Because of this success, Muellerweiss and her team are busy developing

follow-on training for release this summer.

Using stories that resonate with participants, the award-winning (see sidebar) MCA training provides real-world context for the facts presented, making it an especially effective and engaging approach to training. It provides foundational knowledge of common military culture, customs and courtesies, explains differences between the branches of the armed forces, defines roles and ranks within the military, and overviews some of the conflicts in which veterans have served.

"I was nearly brought to tears—it just brought so much about our veterans to life for me," says Arminda Guerrero, a training technician at the VA Health Resource Center in Topeka, Kan., who completed the course. Guerrero recommends this training

for every employee at VA, whether or not they are directly interfacing with veterans or processing benefits. "The training opened my perspective on our mission at VA, as well as the needs of the veterans on the other end of the lines at our call center."

"The fact is, we have changed America in these recent wars," Malebranche adds. "The impact on families due to longer and more frequent deployments is very different from past generations."

Malebranche speaks from personal experience. Before coming to VA 10 years ago, she served 31 years in the Army as an active-duty soldier, nurse, senior health systems analyst and program manager. She recalls a critical part of her own training that gave her added compassion and insight into her role as nurse. "Simply by suiting up in full gear, and spend-



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What You'll Learn From Military Cultural Awareness Training

- The differences between the various branches of the military and their core values.
- The common uniforms, uniform markings, and some basics on military ranks and titles.
- The experiences a service member goes through.
- Why they serve, what motivates them, and the kind of training they receive.
- The major military conflicts, from World War I through the Global War on Terror (Operation Enduring Freedom/Operation Iraqi Freedom).
- The role the military plays in times of national disaster.
- The customs and courtesies common throughout the branches of the military, and the potential implications for VA employees who work with veterans and service members.

ing a day walking and working sideby-side with a combat soldier, I gained a sharper understanding of the kind of toll such duty places on a person's body," Malebranche explains.

Another MCA participant, Lisa Mattingly, a cemetery representative at Lebanon National Cemetery in Kentucky, says she was profoundly affected by the training. "I feel an even deeper sense of respect and appreciation for our veterans," she says. "When I heard the vets talk about their experiences in the video, what they've sacrificed for our freedoms, it made everything very real for me. They deserve our thanks and our utmost respect ... now I feel like I un-

derstand personally why that is."

After serving veterans and their families for 9-and-a-half years, a job Mattingly finds very rewarding, she says she now feels even more honored to do so. "They don't need a shoulder to cry on, they want respect and recognition—that's what I can do for them." She knows she has provided the most professional service possible when a veteran or family member turns to her and says, "You understand me." The MCA training has helped her feel that much closer to the people she works with every day.

"Working at VA is a labor of love," Malebranche agrees. "We may all come from different backgrounds,

but everyone has their devotion to our mission in common. Most people you talk to have a family member or friend who served, so they have some personal reason for coming, even if it's not direct military experience. Maybe that's part of the passion—the personal connection."

The military experience can seem like an entirely new world to people who have not personally served. And even among those who have, awareness beyond their own branch of service or personal experiences can seem like a different world. Clearly, being better able to understand the implications of that kind of wear and tear on a veteran's body and mind is essential to everyone at VA as they work to improve care.

"The simple fact is," Mattingly says, "all VA employees should understand the need of every veteran. The more we are connected to their hearts, emotions and experiences, the deeper our respect for them will be."

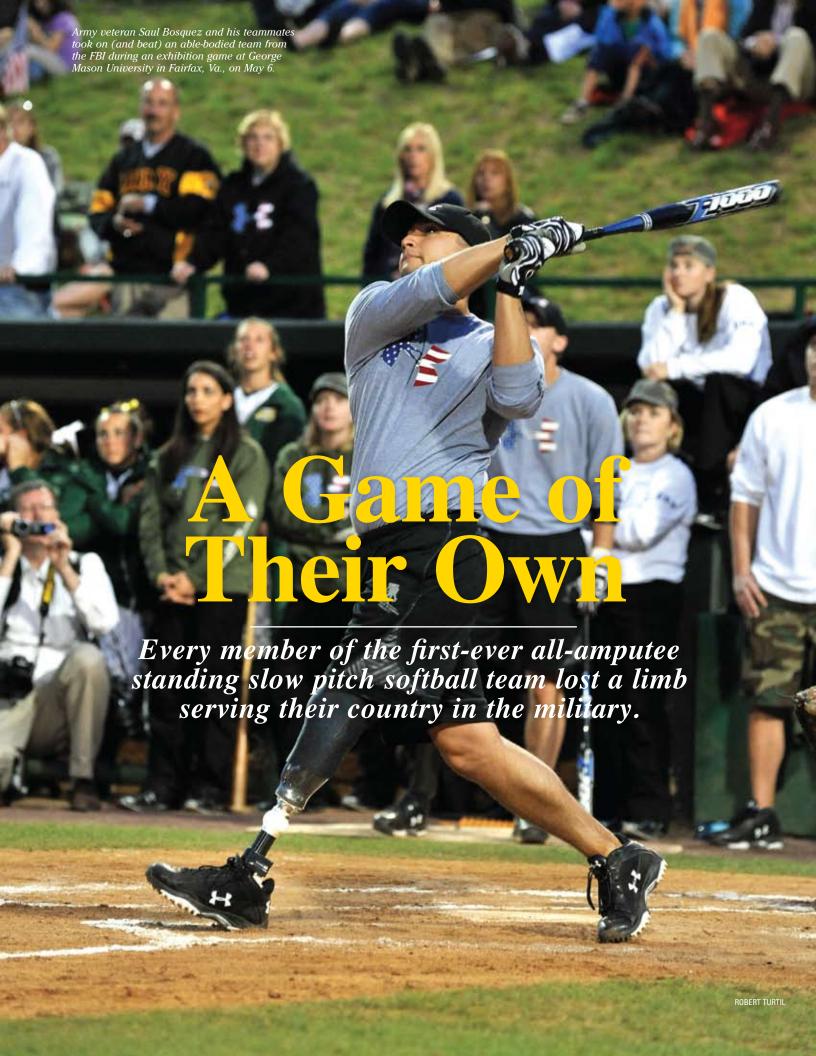
To register and view the MCA course, go to VA's Talent Management System, course #1341520, or go to http://bit.ly/mcacourse. For information about the topics included in the course, a list of resources is available at vaww.va.gov/valu/mca.asp. To learn more about this and other training opportunities offered by VALU, visit http://www.valu.va.gov.



VA Military Cultural Awareness Training Wins Prestigious Gold Award

The MCA course was recently honored with the 2011 Best Practices in Distance Learning Programming, Gold, from the United States Distance Learning Association. USLDA, the premier distance learning association since 1987, honors organizations annually with its 21st Century Best Practices Awards. These prestigious awards are presented to organizations and individuals engaged in the development and delivery of distance learning programs.

Left: Alice Muellerweiss, dean, VALU, accepts the award from USDLA President Dr. Denzil Edge.





t age 18, high school graduates begin to choose the next steps in their lives. These choices become reflections of the women and men they will turn out to be over the course of their lifetimes. They follow their dreams, hoping for the best.

But not all dreams lead to happy endings. The road they choose can be rewarding, but many times also challenging. The 20 young men on the first-ever all-amputee standing slow pitch softball team selected a road to travel and have faced a number of struggles on their journeys.

In March, these athletes from all over the country got the opportunity to participate in an all-amputee softball game. Veterans Integrated Service Network 18 Prosthetics Program Manager David Van Sleet brought them together for a weeklong spring softball training camp; the goal was to create unity among team members and staff. The environment at the camp soon became one of encouragement and support.

Van Sleet realized from the be-

ginning that there is a new active and competitive generation of veterans. He saw the need to provide a different type of rehabilitation for this generation by combining prosthetics and softball. The biggest obstacle he faced was selecting and preparing qualified veteran amputees for the big game, especially since a number of them had not played since their amputation.

On Aug. 25, 2003, a rocket-propelled grenade, used to disable combat vehicles, hit Army Combat Engineer Michael Meinen's vehicle. The RPG did the damage it was intended to do, as well as significantly injuring those onboard.

The weapon managed to hit and go through all three men, including Meinen. The men were required to fight for another hour before returning to safety. That fateful day, Meinen lost his right leg and became an above-the-knee amputee.

Army Staff Sgt. Francisco Javier Pinedo deployed once before receiving his injury in Iraq. During the tour, his team's primary objective was to prevent and halt all mortar installations.

As they were completing their duties, the vehicle hit an improvised explosive device. "I was happy to be alive and it didn't sink in right away," said Pinedo.

But he soon realized that they had been ambushed and he was covered with pieces of his own arm and skin. Pinedo spent the next few days in a field hospital as medical personnel worked on saving not only his life, but his arm as well. Unfortunately, the loss of blood and bone made it impossible to save his arm.

These are just two of the stories of courage and perseverance at the soft-ball training camp. These men went from losing a significant part of their physical and mental being to discovering and regaining talents they thought they'd never have again.

Family, friends and work are major support systems for these veterans. And their participation in softball gives them an opportunity to play an organized sport, where teamwork and positive group morale are key.

"It's been six years since my injury and I never once went on any trips," said Pinedo. "I was so focused on getting a job and moving on with my life. I finally realized I was in a place to do something for myself."

Prosthetists Kelly Brooks, of the Albuquerque VA Medical Center, and Melissa Stockwell, a veteran amputee, were two of the many support staff present during the practices and games. "You see how they adapt and change and get back into what they want to do," said Brooks. "Everyone's different."

Stockwell explained that it's all about the camaraderie. "It's about seeing how one player with the same amputation as another player adapts differently to something like catching a ball."

During the softball camp, all of the players participated in a wheelchair basketball training session. They attended a few of the University of Arizona women's softball games.

The veterans were later split into two teams, with Van Sleet assuring they were split evenly by skill level. The veterans' team was formally recognized at the UA Wildcats game on Friday, March 11. They played their first game that same night with the support of the UA and Baylor softball teams.

VA provided care and assistance to these veterans after their injuries. For Marine Corps Infantry Mortarman Robert McCardle, the Department helped him obtain his leg and set up his prosthetics plan. "I try not to be a needy guy and don't like hospitals in general," he said. Regardless, McCardle's caseworker offered him support in navigating the health care system.

Pinedo's experience after his severe injury involved emotions like anger and even sadness, as he dealt with the fact that he had become an amputee. His refusal to have guests in his hospital room went on for two weeks, until Fred Downs, Vietnam veteran amputee and chief prosthetics and clinical logistics officer in VA Central Office, stopped by to see Pinedo.

Downs' no-nonsense attitude

made an impression. He showed Pinedo that he too suffered from his own injuries of war and had gone on with his life. "My initial impression of the VA was negative," said Pinedo. "I thought the VA is where you go to retire or die."

After giving VA a chance, he now believes the Department truly supports and provides valuable resources for veterans. Pinedo serves as chief of prosthetics for the Las Vegas VA Medical Center.

But not all veterans express their feelings in the same way. Meinen took a different route in quickening his recovery, explaining that he really was never a model patient. "I was tired of being in a wheelchair and on crutches. I put my leg on and told them if you can take it off you can have it back."

Soon Meinen began walking around on his new prosthetic leg and he decided to start helping other veterans. He said he became their "ally and friend. I just wanted to take

them under my wing. I'm no longer just a VA patient—I now serve as chief of prosthetics at the Amarillo (Texas) VA Health Care System." M

By Agnes Koterba



Greg Reynolds, who lost his left arm in a car accident after returning from Iraq, warms up with teammates before a game. Reynolds enlisted in the Army the day before 9/11, at the age of 17.

Preventing Patient Violence in VA Health Care

Violence prevention in the health care sector isn't a happy topic, but VA is dealing with it through a systematic approach.

here is a science to managing violent behavior. Like any science, it builds on knowledge to understand, explain and predict events. Will a veteran who angrily threw a magazine across a waiting room today return and do something worse tomorrow?

At VA health care facilities across the country, violence prevention requires a concerted effort. Clinicians and VA police are putting their heads together and speaking the same language, says David Drummond, Ph.D., director of the behavioral threat management program in the Office of Public Health and Environmental Hazards. This effort translates into sharing information on best practices to stop violence before it escalates.

The first step following a disruptive episode in a health care facility is to look carefully at all risk and mitigating factors for that patient, says Drummond. Risk factors include drug and alcohol abuse, a history of violence, or a lowered ability to control impulses after a serious head injury.

Mitigating factors, such as strong family relationships, dependents, deep religious beliefs, and plans for the future "are good news," says Drummond. "Mitigating factors help keep people anchored in a peaceful mode."

But violence isn't just about the patient, he points out. Insensitive or disrespectful behavior on the part of employees, as well as facility policies or procedures, may frustrate patients.

The incident of the veteran who threw the magazine could be evaluated in a couple of ways by the medical center's Disruptive Behavior Committee. The committee, chaired by a senior clinician, would weigh available information to decide whether the risk was significant or not.

The committee may conclude that it was a one-time outburst related to the veteran's frustration. But if the



committee looks in the patient's file and sees behavior like prior assaults, selective targeting of women, abuse of stimulants, carrying weapons, or living on the street, the incident would likely raise concerns.

Depending on the pattern, the committee members might decide to implement specific safety measures to assure everyone's safety during future visits. Those measures can then be flagged in a specific note on the patient record

When that patient comes back for care, the flag may require VA police to be present or to have someone meet with the patient to discuss the offending behavior. Such flags are entered on the patient's record to help clinicians care for the veteran safely. No prejudicial or inflammatory language is used.

"We must make it possible for veterans to get the care they are entitled to, while protecting the safety of other veterans and employees," says Drummond.

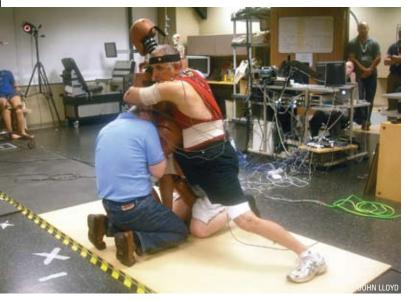
A new federal regulation, 38 U.S.C. 501, issued on Dec. 16, 2010, prohibits a prior practice of banning veterans from care if they threatened or assaulted staff but still requires VA to continue to offer the full range of medical care to which a patient is eligible.

It does authorize VA to modify the time, place or manner in which treatment is provided to a disruptive or threatening patient to ensure the safety of other patients and staff at VA medical facilities, and to prevent any interference with medical care. Among the restrictions VA may impose are: specifying the hours in which non-emergency outpatient care will be provided; arranging for medical and other services to be provided in a particular patient care area; requiring a police escort; and authorizing VA providers to terminate an encounter immediately if certain behaviors occur.

Almost 60 percent of workplace violence incidents in the United States occur in health care settings. "Violence is a common problem in health care, but people don't want to acknowledge it," says Michael Hodgson, M.D., chief consultant, occupational health, Office of Public Health and Environmental Hazards.

VA initially developed its core violence prevention program, Prevention and Management of Disruptive Behaviors, in the 1970s. It is now under the direction of Lynn Van Male, Ph.D., also in the behavioral threat management program. The program teaches how to identify and de-escalate potentially dangerous situations to keep employees and their patients safe.

Van Male says there are two kinds of violence perpetrators: predatory (stalkers who will wait as long as it takes to attack the target); and affective (people who use violence to neutralize a perceived or external threat). With a true predator, anyone is at risk. But the type primarily seen



Opposite: "Therapeutic containment," a method of gaining some control over a violent person, is demonstrated on Denton the crash test dummy in a biomechanics laboratory at the Tampa VA Research Center of Excellence. This research verifies that these techniques are safe to use. The humans here are (left to right) Tim Grant, Don Farris and Jerry Pruitt; above: Pruitt and Farris practice therapeutic containment on Denton.

at VA is affective, she says. When these patients have a grievance, their behavior can escalate quickly. Here, pre-

vention is the key. Employees should be looking for signs and correlates.

The 12-hour, four-part training program includes:

- General online training module (one hour-plus).
- Face-to-face class in which employees are taught how to identify potentially violent situations and intervene to promote good outcomes. This can involve "talking people down" from escalating their behavior and using a customer service approach, such as "How can I help you!"
- Transition into limit setting and giving directions. Examples: "Put the knife down. Sit there." The employee is at higher risk; patient may be grabbing or choking the employee or throwing punches. Use techniques that involve weight not strength.
- Therapeutic containment, a three-person technique for containing violent behavior and getting the person to the ground quickly.

Not every VA employee will receive or needs the full training. Each VA medical facility completes a workplace violence risk assessment based on its own disruptive behavior data to determine the amount of training each employee will be provided. VA has a team of master trainers certified to go to facilities and teach employees how to become a trainer. Maximum enrollment is 24 in the trainthe-trainer classes, which is a five-day course.

Patients who assault staff are often repeat perpetrators, according to many studies. Drummond describes a study at the Portland VA Medical Center of 50 repeatedly threatening patients. Once appropriate restrictions were placed, threats and violence in this group were virtually eliminated, and most of them made fewer emergency room visits and instead scheduled more doctor appointments.

Violence prevention in the health care sector is not a happy topic, but VA is dealing with it systematically. The Department undertook a national review in 2001, leading to the implementation of the Patient Record Flagging System. Drummond compares using the patient record flag to a fire alarm. "The fire alarm doesn't do anything on its own, but for employees who are trained, it's an alert and they need to understand what they're supposed to do."

All VA medical facilities are now required to offer some kind of behavioral threat training. The Prevention and Management of Disruptive Behavior Employee Training Program is VA's program of choice.

A disturbance happens every day, in every medical center in and out of VA. Patients may simply frighten others with loud, disruptive behavior. Or they may throw punches, threaten with knives or guns, or even use weapons. That's why the work of VA's behavioral threat management program is so vital. "I like to think we're saving lives and preventing injuries by the kind of work we do. We keep things from happening," says Drummond.

By JoAnn Blake

Helping Families Living With Brain Injury

What started as an informal support group at the 2006 Winter Sports Clinic has grown into a national nonprofit organization.

s one of the most progressive adaptive sports clinics in the world, the National Disabled Veterans Winter Sports Clinic has been on the leading edge of rehabilitation for 25 years. Among the lesser known stories of the annual Clinic, the latest of which wrapped up April 1, is one of camaraderie and kinship that has occurred at the event—not between veteran participants, but between their loved ones.

Veterans attending the Clinic this year got a surprise visitor when the Vice President took the stage during the opening ceremony March 27. Few in the audience were as surprised as Cheryl Lynch, who stood and watched as Vice President Joe Biden strode into the room wearing a lapel pin for American Veterans with Brain Injuries Inc., a nonprofit organization she set up in 2009.

"To see him there, wearing our pin, was overwhelming," Lynch said. "Brain injury is in the newspapers all the time, but nobody really knows what it is until you've lived it."

Living with brain injury is something she knows very well. Her son, Chris Lynch, fell from a building during a training mission while serving with the 82nd Airborne Division and suffered a severe brain injury.

In that instant, her life changed forever. She quit her job and spent the next year accompanying her son as he received treatment at military and VA hospitals. After treatment,



Army veteran Chris Lynch skis the mountain at the 25th Winter Sports Clinic.





Left: Chris Lynch (wearing camo backpack) greets Vice President Joe Biden at the Winter Sports Clinic as his mother, Cheryl, looks on; above: Members of the brain injury support group at the Clinic (left to right): Sunny Brogan, Rosie Babin, Valerie Wallace, Cheryl Lynch and Debbie Schulz.

her son was medically retired from the Army. The transition home to Pensacola, Fla., was particularly difficult.

It was during this time that she first learned of the Winter Sports Clinic through a newspaper article. She called Clinic Director Sandy Trombetta and registered to attend the event in 2003.

That first year was an eye-opening experience for her and her son. Skiing the mountain and sharing the moment with his fellow veterans awakened something in her son. But it also left him feeling somewhat isolated and alone. "Chris felt like he was the only one with a brain injury. His symptoms weren't readily visible and he often felt like he was on the outside looking in," she recalled.

In subsequent years, she noticed more and more participants with brain injuries. One of them was Alan Babin Jr., who, like her son, had served with the 82nd Airborne Division. She immediately felt a kindred spirit with his mother, Rosie.

"The family members, we all share a connection," said Lynch. "We can relate our struggles, our hopes, our fears; there is an immediate connection."

That year at the Clinic, 2006, Lynch put together an impromptu support group meeting for veterans with brain injuries, their families and caregivers. About 15 people showed up. The format was simple: Veterans introduced themselves and talked briefly about their lives.

As one veteran began to speak, he abruptly broke down in tears. It was the first time he had ever spoken about his brain injury.

"At that moment, I knew this could be very powerful," Lynch explained.

Babin agreed. "Peer-to-peer connections are invaluable," he said. "For the first time, we realized that we are not the only ones going through this, and that was huge."

When Lynch returned to Florida following the Clinic, she started American Veterans with Brain Injuries Inc., as a peer support network and resource website (www.awbi.org). One of the site's key features was a chat room where veterans and their loved ones could discuss issues they were facing.

As her son's recovery progressed, he began venturing further and further from home. Sometimes, trouble would follow. "There were several run-ins with police," Lynch said.

Law enforcement officers mistook her son's brain injury symptoms for signs of intoxication. In response, she created a tri-fold wallet card describing common brain injury symptoms and listing a point of contact for emergencies.

She also designed a medical alert dog tag that points medical or law enforcement personnel to the tri-fold card for information. "I made this originally for Chris, but I realized they can benefit all veterans with brain injuries," Lynch said.

Today, the AVBI website has more than 3,000 veterans registered. Lynch knows many of them by name. Through the site, they receive the dog tags, wallet cards, a subscription to a Web-based cognitive exercise program, and grants to attend adaptive sporting events like the Winter Sports Clinic. And she still holds the annual support group meetings at the Clinic, which now has about 50 attendees.

When her son gave a lapel pin to Vice President Biden, Lynch never expected him to wear it. So when he did, she felt a strong sense of purpose. "My life changed forever when Chris was injured," she said. "Now I want to give others a reason for hope and the possibility for a brighter future."

Sponsored by VA and the Disabled American Veterans, the Clinic is hosted each year by the Grand Junction VA Medical Center. For information, visit www.wintersportsclinic.va.gov.

By Matt Bristol



NATHAN SCHAEFFER

ohn Dodson was finally let go from his job in February 2006. His job performance had suffered ever since he returned from the Middle East in September 2004, where he worked as a private contractor for 18 months.

Dodson was unable to make his mortgage payments, and several months later he moved in with his neighbors after his home in Augusta, Ga., was repossessed.

His story is all too similar to those of some American troops who have returned home from war and struggled to reintegrate back into normal, everyday civilian life. Like some combat veterans, Dodson turned to alcohol as a coping mechanism, and his drinking led him down a destructive path where he lost his wife and children, job, house, credit, truck and dignity.

His transformation from an accomplished veteran, a college graduate with a double major in computer science and journalism and a successful career, to alcoholic and homeless veteran was shocking for the people in his life who knew him best.

In 1998, Dodson transitioned out of the Army after 13 years of service and accepted a job offer with a defense contractor, which paid double his Army salary. In the Army, Dodson served as an electronics warfare substation repairer and systems administrator, and his extensive knowledge of secret military communication networks made him a valuable commodity for private employers.

For years, Dodson lived the American dream with a well-paying job, family and his own home.

But his life changed completely when he accepted a new job to work as a private contractor in Kuwait and Iraq, where he helped ensure that secret military communication networks remained operational 24/7. Motivated partly by patriotism and a lucrative six-figure salary, Dodson left his normal life and family behind.

Dodson went to the Middle East under military orders; he ate, lived and worked with troops in Baghdad, and also traveled to forward operating bases throughout Iraq to maintain communication networks.

Mortar, sniper fire and rocket attacks became part of the rhythm of life for Dodson, and his deep connection with the troops he lived and worked alongside caused him anguish when daily casualty reports were announced. Flights in and out of Iraq brought increased anguish.

"It was terribly sobering to get on a cargo plane that was flying out of the country and find flag-draped coffins anchored down the center aisle of the fuselage," said Dodson. "Those flights were always very quiet and no one would say a word throughout the entire trip."

Dodson returned home a changed man.

"When I came home from Iraq, I didn't realize I was bringing all this extra baggage with me," he said. "I don't think many of us do, and if we have an inkling of an idea that we are bringing it home, we tend to not want to face it, and not seek out help for it."

Within a couple of weeks of returning home, Dodson lost his father to cancer. Two months after

that, he got a call from his uncle on New Year's Day, informing him that his mother had died in her sleep the night before.

His drinking and erratic behavior began to increase and his relationships and performance at work suffered significantly. Six months later, Dodson returned home from work to find that his wife had taken their children and left him.

"Suddenly, I simply couldn't figure out what I was living for anymore," he said. "That's when I began to spiral in, and there were five or six really ugly, black, dark years. I proceeded to drink all the time, for months, hoping that I would just die in my sleep. I remember drinking night and day, hating it when I would wake up still alive."

His drinking led to alcoholism and he eventually lost his top-secret security clearance and his career as a result.

After losing his home, Dodson lived off and on with his sister in Houston, sometimes washing cars for pocket money so he could buy beer and liquor. According to Dodson, drinking was the only way he could find any temporary relief from his depression and anxiety.

In August 2008, he moved to Oklahoma to be with his ailing grandfather, and he hoped it would offer a new start where he could get his life and health back.

"But watching my grandfather waste away, feeling helpless in knowing there was nothing I could do, put me right back in the place I was with all the other losses—my mom and dad, the kids we lost in the war, my children," said Dodson. "But somehow this was worse. It was the last straw for me, and I simply gave up."

In December of that same year, Dodson finally drank too much and ended up in the emergency room and was admitted as an inpatient at the Jack C. Montgomery VA Medical Center in Muskogee.

As an inpatient at the Muskogee

VA, Dodson's recovery and restoration were set in motion. He received mental health and substance abuse treatment, and the homeless program staff secured him a placement at 12&12 Inc., a residential substance abuse treatment center in Tulsa, where he lived for seven months.

After completing the 12&12 treatment program, the homeless program staff got Dodson a room in Bryce House, a transitional residence where veterans can live for 24 months while recovering from substance abuse.

"Nothing less than God could have put together a better staff or program than these places offered me," said Dodson. "They saved my life and restored me back to an even better potential than I ever had before in my life."

At Bryce House, veterans are required to work, volunteer in the community or attend school. Dodson volunteered 40 hours a week at the Ernest Childers VA Outpatient Clinic in Tulsa, helping veterans with forms, requests and eligibility questions.

In 2010, a door opened for Dodson when VA announced a new initiative to hire former homeless veterans to work as vocational rehabilitation specialists with the homeless program staff at each VA medical center across the nation.

Dodson was one of seven applicants for the new position in Muskogee, and his volunteer work at the Tulsa Outpatient Clinic and VA-sponsored homeless stand down in Tulsa impressed Melanie Goldman, the Muskogee VA's homeless program manager.

"John and I were talking with a homeless veteran who I've known for at least 10 years, and the conversation between the homeless veteran and me was pretty standard, touching on surface-type things," said Goldman. "John, who has known this homeless veteran for mere months, was able to connect with that person within the first two minutes of their conversation. He has a natural empathy, a

natural ability to connect with other people who are struggling with some of the same things that he once struggled with."

Goldman hired Dodson in January, which gave him a new mission in life to help homeless veterans find employment in the local community and regain their dignity.

Dodson is now an advocate for homeless veterans and is contacting employers to set up interviews, working as a case manager and counselor, and assisting veterans with interview and resume preparation.

"I've been one of these guys," said Dodson. "I was homeless and in and out of places, living with relatives, and I've been through rehabilitative services myself. I have walked in their shoes. So I do understand their aspirations and, as well, the obstacles in life that they now have to overcome."

Thanks to the staff at the Muskogee VA, especially the homeless program staff, Dodson has been sober for more than two years, made a full recovery from his depression and now lives on his own in an apartment.

Dodson expressed his gratitude to the homeless program staff.

"I sometimes have to pinch myself to realize that I am working alongside them now," he said. "I intend to earn and somehow pay back all of the professional and compassionate care and understanding that was given to me. You want to witness modern-day miracles? Spend a few days with this team."

The future looks bright for Dodson. He has regained his relationship with his children, and the former journalism major hopes to write a book about his experiences. He is also working on a novel he promised his children years ago that he would write.

"My ultimate dream was always to be a novelist," said Dodson. "I will finish the novel, and then probably pursue some publishers. We'll see."

By Nathan Schaeffer

After the Storm

t 5:15 p.m. on Wednesday, April 27, the community of Tuscaloosa, Ala., was struck by a tornado that left a mile-wide swath through the city, killing dozens and injuring hundreds more.

Almost instantly, the Tuscaloosa VA Medical Center became a community shelter. It was also designated by local authorities as the city's primary morgue.

"When we became the primary morgue for the crisis, our staff took up the challenge at once," said Alan Tyler, the medical center's director. "To be honest, some of our people were not prepared, psychologically, to deal with the number and appearance of the bodies—especially the children. But our staff did their jobs and handled themselves like professionals.

"We functioned as a hospital, a morgue, and a shelter. We fed people and clothed them, gave them a place to sleep. We tried to comfort them. We did bereavement counseling with all the families who came in to identify their loved ones."

Damon Stevenson, the Tuscaloosa VA's public affairs officer, said one bereavement effort was particularly heart wrenching.

"On April 28, we had two families here who were meeting each other for the first time, but under very tragic circumstances," he reported. "Each family had a daughter attending the University of Alabama. They were roommates. Both died in the storm. The two families came together here, at the Tuscaloosa VA, to comfort one another."

"It was one of the most emotional events I've ever witnessed," said Daniel Pettey, a patient advocate at the medical center. "The two mothers immediately embraced. They shared an instant, tragic bond. It was witnessing moments like this that made me realize the reality of the situation we were facing."

Stevenson said that in addition to displaced families, many local veterans were brought to the medical center for shelter and care.

"The professionalism I witnessed from the medical center staff through this horrific event was truly amazing," he said. "We had employees performing duties that many of them had never been asked to perform. They did so with a sense of duty I can only compare to a battle-tested military unit. One day before the disaster, I saw an employee from Human Resources processing paperwork. A few days later, I saw that same employee carrying a body bag."

Laura Balun, director of Voluntary Service at VA Central Office, said local volunteers began showing up at the Tuscaloosa VA within hours after the tornado struck.



In the aftermath of a deadly tornado, the Tuscaloosa VA steps up to help the community.



Opposite: Rochelle Walker, a registered nurse on the Valor Unit for Rehabilitation at the Tuscaloosa VA Medical Center, places clips in 4-year-old Jaeanna's hair. Walker spent hours volunteering in the Red Cross shelter, bonding with the children there and even buying them toys out of her own pocket to replace the ones they'd lost in the tornado;

Left: VA employees at the Tuscaloosa VA Medical Center sort through donated clothing at the Red Cross shelter set up in the facility's Sports Atrium.

Below: VA Under Secretary for Health Dr. Robert Petzel greets Army veteran Mark Booth at the Tuscaloosa VA Medical Center on May 4. Booth and other veterans were inside a local Salvation Army building when it was destroyed by the tornado.

"I'm told that members of veterans service organizations who volunteer at the medical center began collecting and delivering donations of clothing, personal care items and other things needed for citizens who were seeking shelter at the VA," she explained. "Apparently, baby diapers turned out to be a hot item."

"At the VA we've never needed baby diapers before," Stevenson said. "But our volunteers stepped up to the plate, as they always do, and had these items to the medical center in record time.

"We are a community," he added. "We just did our part to assist our community in any way we could."

Connie Booth, a management analyst at the Tuscaloosa VA, said she saw "some beautiful stories emerge" in the midst of the carnage, loss and heartbreak.

"On Thursday morning (April 28), a family arrived at the morgue viewing area to identify their 21-year-old daughter," she explained. "Afterwards, our staffers hugged them, sat with them, held their hands.

"On Friday, an elderly gentleman came in to identify his deceased wife," she continued. "They had been married 50 years. The staff determined that his wife had sustained major trauma to her face. In an effort to lessen



this painful process for the husband, our VA photographer took the time to go into the morgue and take very detailed photos of the lady from the neck down. When the man saw the photos of his wife's shirt, her ring, a small scar, he was easily able to identify her. Thanks to the extra efforts of our staff, an already traumatized individual did not have to suffer through another shock when making a positive identification of his wife's body.

"Over and over," Booth continued, "VA staffers who had never worked in a morgue took the time

to prepare bodies for viewing by families. They wiped and cleaned and covered bodies to make them more presentable.

"How do you comfort a mother who comes in to positively ID her 1-year-old child?" she asked. "Well, you don't. You cry with her. But you tell her, 'I hope it brings you some peace to know that your beautiful little girl has been handled with great care and love while here with us, and we all truly are grieving with you."

By Tom Cramer

'Discovery and Collaboration for Exceptional Health Care'

Research Week a Triumphant Salute to VA Investigators' Progress, Partnerships

During Research Week, May 2-6, VA shone the spotlight on the remarkable health-promoting achievements of its researchers. The theme for 2011's Research Week, "Discovery and Collaboration for Exceptional Health Care," had a dual emphasis: the all-important translation of research findings into advancements in veterans' health care; and the ongoing productive collaborations between VA and its academic affiliates, as well as its counterpart federal agencies.

Current veterans are facing a wide range of deployment and nondeployment health issues, such as traumatic brain injury, post-traumatic stress disorder, spinal cord injury, vision and hearing loss, stroke and chronic illness. In all of these areas and many more, VA has markedly advanced veterans' health and care by swiftly translating its groundbreaking findings in the scientific laboratory into improved treatments at patients' bedsides.

VA's contributions to

continued on page 24

VA and Its Academic Partners: United by a Common Commitment to Veterans' Health

By Joel Kupersmith, M.D. Chief Research and Development Officer

fter World War II, there was a shortage of VA physicians trained to meet the unprecedented health care needs of returning veterans. To address this need, Public Law 293 was introduced in 1946, allowing VA to recruit thousands of new physicians.

This measure was immediately followed by VA Policy Memorandum Number 2, which provided the legal basis for affiliations between VA and the nation's medical schools and launched a long tradition of VA-academic partnerships for veteran-focused health research and care. The VA-academic collaborations continue to this day, equipping our nation to meet the 21st-century health care needs of veterans.

Over the last several decades, VA's medical research sophistication has become an increasingly critical priority, as medical knowledge has blossomed exponentially and veterans' health care needs have grown in complexity. These needs include conditions particularly common among veterans returning from combat, such as post-traumatic stress disorder, traumatic brain injury and spinal cord injury, and also chronic illnesses, such as diabetes and hypertension, which are becoming more common as veterans and other Americans live longer.

Many Americans are surprised to learn the history of accomplishment in the VA research program, and of the unique pairing of VA medical centers with the nation's medical schools. This year's Research Week, held May 2-6, with a full schedule of compelling events at VA Central Office on May 5, celebrated a dual-pronged theme: "Discovery and Collaboration for Exceptional Health Care."

The week honored VA's thriving academic affiliations that for 65 years since the historic memo have magnified the VA research program's impact on the health of veterans and others and helped keep VA at the leading edge of medical research and care. These enduring public-private partnerships have enriched the learning environment in VA facilities as well as university medical schools and teaching hospitals; spurred remarkable progress in medical research; and achieved far-reaching improvements in health care for veterans and all Americans.

Training the Next Generation

VA's partnership with academic institutions can take much of the credit for training the next generation of educators, doctors and researchers so they can transform health



care for veterans and others. Through its academic affiliations, VA conducts the largest education and training effort for health professionals in the United States, with more than 115,000 clinicians-in-training receiving at least some of their health professional training in VA in 2010 alone.

By nurturing health professionals and familiarizing them with VA's vital mission, academic affiliations attract exceptionally skilled health professionals to the agency.

An additional facet of the public-private collaborations is that most VA investigators also teach at an affiliated university medical school, and in many cases provide patient care at the university's hospital. Open the pages of any leading journal, such as the *New England Journal of Medicine* or the *Journal of the American Medical Association*, and you'll see studies by authors with dual affiliations—the VA Boston Healthcare System and Harvard University Medical School, for example; or the VA Connecticut Healthcare System and Yale University School of Medicine.

California, San Francisco urology researcher Dr. Rajvir Dahiya, right, with lab members (from left) Dr. Long-Cheng Li, Dr. Emily Noonan, Dr. Robert Place and Deepa Pookot.

Above: VA and University of

A Model VA-University Partnership

An additional legacy of Memorandum Number 2 is the many research Centers of Excellence nationwide that are under the joint auspices of VA and an affiliated university. One example of a fruitful joint effort of this type is the Center for Restorative and

Research Week cont.

improved veterans' care are often accomplished in close collaboration with academic partners who are also steadfastly committed to veterans' health. And while the agency takes pride in its achievements as an intramural research program, it also gratefully embraces such fruitful collaborations with world-class academic, as well as government, colleagues.

For 65 years since the historic Memorandum Number 2 joined VA and the Association of American Medical Colleges as partners in health research, education and training, the Department's dynamic collaborations have enriched the learning environment in VA facilities and university medical schools and teaching hospitals; stimulated tremendous progress in medical research; and abundantly improved health care for veterans and all Americans.

On May 5, distinguished Research Week speakers—including veterans who have participated in VA Research studies—convened at VA Central Office to discuss some of the research findings that have led to important advancements in veterans' health care and the impact of research participation on quality of lives.

In addition to several veterans, presenters included VA Chief of Staff John Gingrich; Under Secretary for Health Robert A. Petzel, M.D.; Deputy Under Secretary for Policy and Services Madhulika Agarwal, M.D.; and Chief Research and Development Officer Joel Kupersmith, M.D. Guest speakers included:

■ Ann C. Bonham, Ph.D., chief scientific officer with the AAMC, discussing the

long and illustrious history of VA-academic collaboration.

- Col. Greg Gadson, Army Wounded Warrior Program commander, speaking about the invaluable teamwork among researchers from various federal government agencies.
- E. Albert Reece, M.D., Ph.D., vice president for medical affairs and dean of the University of Maryland School of Medicine, speaking about VA-academic partnerships from the university perspective.
- Gregg Zoroya, *USA Today* reporter, presenting his novel beat-writer's viewpoint on war's impact, including its serious health consequences.
- Stephen Cochran, veteran and country music singer-songwriter, moderating a panel of veterans sharing their experiences participating in VA research.

VA's medical centers and partners across the country observed Research Week in their facilities by presenting their research discoveries and innovations that have improved veterans' health care. VA facilities touted their exceptional research contributions by holding open houses; setting up research displays and slide shows; and holding veteran appreciation programs featuring VA researchers, local officials, and veteran participants in VA studies.

Additional information about Research Week 2011, including more about the packed schedule of events held at research offices across the country and VA Central Office, can be found at <a href="https://www.research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/research.va.gov/re

Regenerative Medicine, a partnership between the Providence (R.I.) VA Medical Center, Brown University, and the Massachusetts Institute of Technology. One of the higher-profile projects in the works at this site is BrainGate.

The system uses tiny electrodes implanted into the brain to pick up

brain signals. The brain impulses are decoded by an external computer and translated into commands for electronic or robotic devices, thus enabling users to move prosthetic limbs or communicate via computers. The technology promises to offer new independence for veterans and others who are paralyzed as a result of condi-

tions such as brainstem stroke, spinal cord injury and ALS (Lou Gehrig's disease).

Other work at the center is focused on creating "biohybrid" prosthetic limbs that combine human tissue with synthetic, biocompatible materials and mechanical elements.

Another prime example of VA-academic collaboration is the Cleveland Functional Electrical Stimulation Center. The FES Center—a collaboration of the Louis Stokes VA Medical Center, Case Western Reserve University and MetroHealth—represents the game-changing health discoveries that can be made by VA investigators with like-minded partners.

Specifically, the FES Center focuses on improving the quality of life for those with neurological or musculoskeletal impairments, including paralysis, by applying electrical currents to generate or suppress nervous system activity. FES can produce and control the movement of paralyzed limbs for hand grasp and standing; activate bodily functions such as bladder control or respiration; create perceptions such as skin sensibility; and stop undesired activity such as pain or spasms.

The Center's research promises to translate into vast improvements in the lives of those with spinal cord injuries, stroke, and ultimately a wide range of additional health conditions.

Already, FES systems have helped those with paralysis to cup their hands to pick up a drinking glass or other object and to achieve a hand grasp for activities such as writing and brushing their teeth. Researchers at the FES Center are now working on a project, called the Networked Neuroprosthesis System, or NNPS, that would help some people with paralysis to move their arms while simultaneously controlling bladder and cough functions, or to control their legs and bladder simultaneously.

More Exemplars of Collaboration More groundbreaking research



Defense. In terms of funding the vital work of VA investigators and their partners in research, the National Institutes of Health has made a crucial contribution.

Perpetual Commitment

We at VA look forward to continuing the synergistic efforts with our dedicated partners who, like us, cherish the opportunity to improve veter-

strides attributable to VA-academic affiliations include:

■ Zeroing in on Brain Disorders.

The Center for Imaging of Neurodegenerative Diseases, the only imaging center in VA devoted exclusively to magnetic resonance imaging of the human brain, is homing in on clues to conditions such as Alzheimer's disease, Parkinson's disease, and post-traumatic stress disorder. Located at the VA medical center campus of the University of California, San Francisco, CIND is home to a diverse team of researchers with expertise in clinical care, physics and computer science.

■ Reaching Out to Alzheimer's Families. Researchers with VA and several universities conducted an effort called REACH, short for "Resources for Enhancing Alzheimer's Caregiver Health," to teach family caregivers how to reduce stress, solve problems, and manage difficult behaviors of family members with Alzheimer's disease. In REACH studies, improvements were shown across many areas, including improved emotional well-being overall and an hour a day gained away from caregiving duties, all at a relatively low cost.

Based on these positive results, VA, led by a team at the Memphis VA Medical Center and University of Tennessee Health Science Center, is parlaying REACH into an ongoing program to help caregivers of veterans with Alzheimer's. Also, the program is being modified to help the caregivers of those with spinal cord injury and traumatic brain injury.

Above: The Portlandbased Evidence Synthesis Program group of Dr. Mark Helfand (second from left) includes (from left) Dr. Devan Kansagara, Dr. Steven Dobscha and Michele Freeman; right: Dr. Jeffery Kocsis (left), Heather Mallozzi and Dr. Masanori Sasaki. with the West Haven (Conn.) VA Medical Center and Yale University, view in vivo images of neural repair that resulted from cell therapy.

■ Finding Genetically Engineered AIDS Vaccines. Led by a researcher with the VA New York Harbor Healthcare System and New York University, an international team of researchers with expertise in immunology, virology and other specialized sciences is isolating powerful antibodies seen in patients who have HIV, identifying structures on the virus surface targeted by the antibodies, and integrating them into genetically engineered vaccines for testing in animals.

The Center for Imaging of Neurodegenerative Disease and some other leading centers that involve VA researchers—among them, the McKnight Brain Institute in Gainesville, Fla., under the auspices of the University of Florida—involve three-way collaborations among VA, its university partners, and the Department of

ans' health and lives through scientific discovery. Particularly in today's economic climate, such partnerships are invaluable—enabling researchers to share and leverage resources, from equipment to expertise, in ways that vastly improve efficiency and productivity.

VA has the unique potential, together with our academic partners in health research and care, to make discoveries in the laboratory and deliver them as quickly as possible to the patient's bedside. Though each generation of veterans presents a new set of health challenges, our essential mission remains the same: discovering ways to enhance health care for those who have so selflessly served this country, and returning these courageous veterans to their vital roles within the family and larger community.



VA Partners With Easter Seals to Train Veteran Family Caregivers

VA and Easter Seals formally announced a partnership to provide comprehensive caregiver training to family caregivers of eligible post-9/11 veterans as authorized by the Caregivers and Veterans Omnibus Health Services Act of 2010.

"We at VA are very pleased to partner with a renowned organization such as Easter Seals in developing the best possible training program for family caregivers," said Secretary Eric K. Shinseki. "Throughout its long history, Easter Seals has demonstrated its strong commitment to supporting our nation's active duty military, veterans and their families."

"Easter Seals is proud to share our expertise and knowledge with this important group of family caregivers, taking care of loved ones who returned home with serious injuries after their post-9/11 service to our nation," explained James E. Williams Jr., president and chief executive officer of Easter Seals. "We are honored to help these veterans and their families."

Beginning May 9, family caregivers and veterans can apply for services authorized under a VA interim final rule that was published on May 5. Eligible family caregivers of

eligible post-9/11 veterans will receive comprehensive training developed by Easter Seals in collaboration with VA clinical experts. It is part of a package of new services that also includes a monthly stipend, mental health services and access to medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs, or CHAMPVA, if the primary family caregiver is not entitled to care or services under a health plan contract.

Easter Seals has been helping people with disabilities and special needs, and their families, live better lives for more than 90 years. From child development centers to physical rehabilitation and job training for people with disabilities, Easter Seals offers a variety of services to help people address life's challenges and achieve personal goals.

Family caregivers of eligible post-9/11 veterans will have a choice of how to receive their training. Options will include traditional classroom training, online learning or a correspondence course.

All family caregivers will be expected to complete training as part of the preparation to start receiving other services under the new program. The first training courses are ex-



Family caregiver advocate Sarah Wade addresses the audience at the announcement of the VA-Easter Seals partnership at the Easter Seals Harry and Jeanette Weinberg Inter-Generational Center in Silver Spring, Md., on May 9. Seated behind her are (from left): Rep. Chris Van Hollen (D-Md.); VA Under Secretary for Health Dr. Robert Petzel; Easter Seals President and CEO James E. Williams Jr.; Easter Seals Greater Washington-Baltimore Region Chairman of the Board Phil Panzarella; and VA Chief Consultant for Care Management and Social Work Deborah Amdur.

pected to start in June, and monthly stipends, which are backdated to the day applications are formally submitted, could begin as early as July.

Veterans may download a copy of the family caregiver program application at www.caregiver.va.gov. The application enables the veteran to designate a primary family caregiver and secondary family caregivers.

Caregiver support coordinators are stationed at 153 VA medical centers and available by phone at 1-877-222-VETS (8387) to assist veterans and family caregivers with the application process. Caregivers of veterans from all eras are also encouraged to use the website and support line to explore more than two dozen other services VA provides caregivers.

Training VA's Minority Veterans Program Coordinators

The Center for Minority Veterans conducts its 11th biennial Minority Veterans Program Coordinators National Training Conference June 6-10 in Dallas. The conference targets individuals appointed by facility directors in the role of MVPCs at VA medical centers, regional offices and

national cemeteries.

The national conference provides support for training and education to approximately 200 MVPCs to increase their effectiveness and outreach efforts to minority veterans, as well as support activities that educate and sensitize internal staff to the unique

needs of minority veterans. Presentations focus on cultural competency, communication (consistent messaging), and outreach.

In fiscal year 2010, the MVPCs conducted more than 16,000 outreach activities with more than 1 million veterans and family members, of which

40 percent were minority veterans. The MVPCs also supported the Secretary's goal to eliminate homelessness among veterans by conducting more than 1,000 homeless outreach activities; they saw more than 83,000 veterans, of which 50 percent were minority veterans.

Six Honored With Secretary's Award for Excellence in Nursing

Each year the Secretary's Award for Excellence in Nursing and Advancement of Nursing Programs is given to individuals who have been nominated by their colleagues for outstanding service to veterans and VA. Chosen from individual medical centers, the nominees go through a rigorous review process and are selected based on best characteristics and the highest level of dedication to their profession.

The 2011 Secretary's Award for Excellence in Nursing and the Secretary's Award for Advancement of Nursing Programs winners are: Registered Nurse–Linda Hudson, VA Maryland Health Care System, Perry Point; Registered Nurse (Expanded Role)–Christine Locke, Portland (Ore.) VA Medical Center; Licensed Practical Nurse–Faith Andrulot, Harry S. Truman Memorial Veterans Hospital, Columbia, Mo.; Nursing Assistant–Karie Drollinger, VA Illiana Health Care System, Danville, Ill.; Director–Michael Winn, Central Arkansas Vet-



VA Secretary Eric K. Shinseki, far right, meets with the 2011 national nursing award winners in his office: (left to right) Christine Locke; Karie Drollinger; Faith Andrulot; Linda Hudson; Mary Walters; and Michael Winn.

erans Healthcare System, Little Rock; and Nurse Executive–Mary Walters, Southern Arizona VA Healthcare System, Tucson. The winners were honored at the Secretary's Award ceremony on May 10 at VA Central Office.

VA and AFGE Sign New Collective Bargaining Agreement



VA Secretary Eric K. Shinseki signs the agreement with (left to right): Leslie Wiggins, VA deputy assistant secretary; Alma Lee, president of AFGE's national VA council; and John Gage, AFGE national president.

VA and the American Federation of Government Employees reached final agreement on a new national collective bargaining agreement, their first since 1997. This contract will enhance VA's partnership with the union, change the rules for teleworking and expand the use of e-mail in labor-management relations.

"This new agreement reflects VA's commitment to collaborate with an important labor partner," said Secretary Eric K. Shinseki. "The outcome will be a more highly motivated, more effective workforce serving our nation's veterans."

About 204,000 of VA's 315,000 employees are eligible for AFGE membership, with another 23,000 employees eligible for membership in four other unions.

Secretary Shinseki approved the contract on March 15. The complete labor agreement was signed March 28 by Shinseki, AFGE leadership and the VA and AFGE members of the bargaining teams at an internal event that was broadcast at VA facilities around the country.

Among the provisions of the contract are:

- Enhanced collaboration with union officials on work-related issues:
- Expansion of teleworking among employees, including clarification of rules governing telework; and
- Increased reliance upon e-mails and new technology in labor-management communications and processes.

Answering the Call to Assist Survivors of Military Sexual Trauma

April is Sexual Assault Awareness Month, and as in previous years, VA facilities across the country capitalized on the opportunity to reaffirm their commitment to assisting veterans who experienced sexual assault and harassment in the military. Facility military sexual trauma coordinators engaged in a range of activities throughout the month of April to raise awareness about the impact of MST, the free MST-related care available through VA, and the implications that experiences of MST can have for veterans' health care.

These efforts fit well with other recent VA initiatives to improve veterans' ability to access MST-related health care, most prominently "Answer the Call," an awareness-raising campaign from the VA Office of Mental Health Services that is based on the premise that all VA staff have a role to play in ensuring veterans have access to MST-related care. As part of this campaign, the Office of Mental Health Services' MST Support Team has been disseminating strategies and tools MST coordinators can use to



In observance of Sexual Assault Awareness Month, the VA San Diego Healthcare System hosted a "Clothesline Project" visual display to raise awareness of military sexual trauma. Veterans were invited to decorate T-shirts or uniforms to reflect their experiences of sexual trauma and recovery.

related to their experiences of MST. Taking that first step to speak up can be incredibly coordinators to launch local initiatives of their own aimed at streamlining the experi-

"Taking that first step to speak up can be incredibly difficult and it's important for VA to respond positively when veterans ask for help."

assist their key facility frontline staff, such as telephone operators and clinic clerks, in responding to requests for information about MST.

Dr. Amy Street, director of Education and Training for the MST Support Team, explains, "We wanted to foster dialogue between MST coordinators and frontline staff throughout VA, to raise awareness about the experience veterans might have when trying to reach out for help

difficult and it's important for VA to respond positively when veterans ask for help."

Things such as being familiar with the terms "military sexual trauma" and "MST," being able to identify and direct callers to the MST coordinator, and being sensitive to veterans' privacy concerns are particularly important for frontline staff, Street notes.

The Answer the Call campaign has provided a useful starting point for MST

ences of veterans calling with MST-related questions. For example, at the Tennessee Valley Healthcare System, MST coordinators Dr. Stacey Owen and Dr. Michele Panucci worked with their Business Office to implement a new online training for telephone operators and clerks on the basics of MST and how to manage MST-related calls effectively. The collaboration has been so beneficial that Tennessee Valley plans to continue

the program for new operators who join the staff.

Dr. Susan McCutcheon, director of Family Services, Women's Mental Health and MST in the Office of Mental Health Services, says, "I have been so pleased at the energy and new partnerships between MST coordinators and administrative staff that have resulted from the Answer the Call campaign. These connections lay important groundwork for continuing to strengthen VA's response to the issue of MST."

To learn more about MST, visit www.mentalhealth. va.gov/msthome.asp; VA staff can also find information on the Intranet at vaww.mst. va.gov.

Employees' Bold Ideas Fuel Vocational Rehabilitation Improvements

The Veterans Benefits Administration and the VA Innovation Initiative (VAi2) recently launched the Department's third Employee Innovation Competition, the second for VBA. This year's competition calls on the VBA workforce to submit their innovative ideas for improving the Vocational Rehabilitation and Employment program.

The 2011 VBA Employee Innovation Competition, which received submissions through April 29, solicited ideas in five areas, including: reducing the time to make entitlement decisions; increasing retention rates; and ensuring veterans who are entitled to VR&E's programs go on to use them. VBA hopes the competition will increase awareness of the program among the workforce, help

improve the quality of this important service, and foster open employee engagement.

The VR&E program exists to help veterans who have service-connected disability ratings of 10 percent and higher. The program helps these veterans re-establish their careers, or in many cases, begin new ones.

For veterans whose disabilities prevent them from going back to work immediately, VR&E helps them live as independently as possible. (Learn more at www.vba.va.gov/bln/vre.)

"After seeing the success of last year's employee competition, we were very excited to turn the creative powers of VBA's employees on our program," said Ruth Fanning, director of VR&E. "I know there are a lot of ideas out

there about how we can keep getting better, and I'm very excited to see which ones rise to the top."

The 2011 VBA Employee Innovation Competition used crowd-sourcing software that allowed all VBA employees to submit ideas and vote on their favorites. After the employee submission and voting phase ended, evaluation panels began reviewing the top vote-getting proposals and selecting finalists.

The finalists will travel to Washington, D.C., to present their ideas to a panel of senior VA leaders, including the Deputy Secretary, Chief Information Officer, Chief Technology Officer, and Under Secretaries for Benefits and Health. The best ideas will receive funding and support for testing in VBA.

The first Employee Innovation Competition, which President Obama announced in 2009, also focused on VBA and was aimed at solutions to help eliminate the claims backlog. More than 3,000 ideas were submitted by VBA employees, and 6,000 offered comments.

The competition yielded promising initiatives aimed at creating a culture of accountability and advocacy, reengineering business processes, and deploying leading-edge technology. Several of the winning initiatives proposed by employees in 2009 are now being deployed nationally and have become integrated into permanent VA policy.

Watch for more news this summer on the winning ideas for Vocational Rehabilitation and Employment.

Employees Honored During Public Service Recognition Week

When the Partnership for Public Service announced that, due to congressional funding, it would not host the annual showcase of government agencies on the National Mall in Washington, D.C., during Public Service Recognition Week, May 1-7, the members of the VA Central Office PSRW committee were understandably disappointed. VA had participated every year since President Reagan created PSRW in 1985, and there had always been a Mall event.

But according to committee chair and VACO
Human Resources specialist
Prince Taylor, the committee quickly regrouped and refocused their efforts. "When I broke the news to them in early February, they collec-

tively responded, 'Why don't we do something here?' If we can't showcase to the public, why not to our colleagues who work 9, 10, 11-plus hour days, yet have no idea what others do or the myriad services available to us? We decided to use the opportunity to put on a week like no other."

The week began with a broadcast kickoff event hosted by Deputy Secretary W. Scott Gould and featuring guest speaker Max Stier, president and CEO of the Partnership for Public Service. Deputy Secretary Gould spoke about VA's achievements and leadership, as well as the importance of what employees do as public servants every day.

The Deputy Secretary also recognized five VACO



Secretary Eric K. Shinseki greets employees as they arrive for work at VA Central Office during Public Service Recognition Week.

employees who each have five or fewer years of federal service, yet have made significant contributions to the Secretary's strategic goals. Stier's remarks emphasized the importance of public service. The seven-piece Hampton (Va.) VA Medical Center Band entertained

continued on page 30

Jerry Davis

As a "hero groupie," Jerry Davis has always gravitated towards daring, challenging work that serves a greater purpose.

"I was drawn to work at NASA because, as a kid, I saw astronauts as heroes. And I was drawn to VA for similar reasons, because of the heroes the Department serves," he said. "There's a great feeling you get working for veterans."

Since August 2010, Davis has filled the role of Deputy Assistant Secretary for the Office of Information Security. Before that, he served on the front lines in the Persian Gulf and as a civil servant in Washington, D.C. After 11 years of service with the Marine Corps and a master's degree in network security, Davis became an information technology leader at the Department of Education and NASA.

"VA feels most like home for me, though," he said. "It's not just because I am a vet, or that many of my close friends are vets. It's because I'm passionate about these people who so boldly protect us. I feel honored to be part of an organization that gives back to these true American heroes."

In his role as DAS, Davis

leads the charge to ensure the confidentiality, integrity and availability of information at VA. "It's all about enterprise awareness and risk management," he said. "Our goal is to show that we know our risks and are managing them effectively. Through a systemof-systems—incorporating continuous monitoring, netcentric operations, serviceoriented architecture, and information sharing—we can understand, prepare for, and respond to any situation."

To elaborate, Davis discussed some specific OIS goals. "We will continue to build the Enterprise Visibility initiative so we can see what's on the network, identify risks, and address them with the right resources," he said.

Last September, VA concluded Phase I—Visibility to Desktop (V2D)—by gaining visibility into all 340,000 VA desktops. Since then, Phase II has been addressing all non-Windows-based clients, desktops and servers.

"Everything we do enables us to better safeguard sensitive veteran, beneficiary and employee information," said Davis. "It's a critical part of our world-class security

program."

Davis also voiced his goals for the Medical Device Protection Program. "As the largest health care provider in the government, we need to secure our devices from cyber threats," he said.

To date, VA has isolated its more than 50,000 net-worked medical devices behind 3,200 virtual local area net-works. "Moving forward, we'll continue to evolve to address changing threats and create a service-oriented architecture that meets organizational and customer needs," said Davis.

And Davis plans to tackle these goals and others with the same innovative approach he used at NASA. "OIS has to be a forward-looking organization," he said. "A few of us are already doing this, but I'd like to get the entire team thinking more innovatively. Generally speaking, I lean more towards 'Yes, you can' rather than 'Thou shalt not' when it comes to security. It's important to balance security with the business mission."

Davis went on to clarify that his goals and priorities are not purely technical, though. He wants to connect with and develop his most important



Jerry Davis

asset—people. "It's not technology, processes or policies that make things work. People make things work. So I spend a lot of time building relationships and getting to know my staff."

Most of all, though, Davis values the why behind OIS' work—its basic purpose. "Our efforts to protect information always relate to our number one priority—the veterans. Every decision we make is about making their experience the best it can possibly be. We put the veterans first, always."

PSRW cont.

everyone following the kickoff.

After the kickoff, the
committee hosted an Open
House for employees. Exhibitors included the Veterans
Health Administration, Veterans Benefits Administration,
National Cemetery Administration, Office of Construction
& Facilities Management, Veterans Canteen Services, and
many others. The exhibits ran

through Tuesday afternoon.

Additionally, Secretary Eric K. Shinseki, Deputy Secretary Gould, Acting Under Secretary for Memorial Affairs Steve L. Muro, Under Secretary for Health Dr. Robert A. Petzel, and General Counsel Will A. Gunn each greeted employees and thanked them for their work earlier in the day.

The committee declared Wednesday VACO Military

Appreciation Day. They passed out handmade ribbons, representing the different branches of the military, to veterans and employees with loved ones who have served. "I heard countless people say with pride that they were wearing ribbons for their loved ones," said Taylor.

"And I heard fascinating stories seldom heard within our daily routines. One employee, a naval reservist, even wore his dress whites. We also handed out mini flag cases manufactured by the Lakota veterans of VA. This was easily my favorite day of the week."

On Thursday, the committee provided "Thank You" cards for employees to give to each other. "We passed out 1,000 cards in 20 minutes," said Taylor. "Needless to say, we appreciate each other." The week ended Friday with Team Jersey Day.

VA Infection Control Practices Featured in New England Journal of Medicine

A VA initiative that reduced the global health care issue of methicillin resistant Staphylococcus aureus, or MRSA, infections by more than 60 percent in intensive care units across the nation was featured in the April 14 issue of the New England Journal of Medicine. It reported data from the first three years of the initiative, which is now in its fourth year of implementation and continues to be associated with decreased rates of MRSA infections.

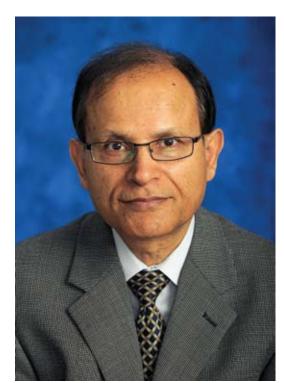
"This is a landmark initiative for VA and health care in general," said VA Under Secretary for Health Dr. Robert Petzel. "No one should have to worry about acquiring an illness or infection from the place they trust to deliver their care. I am proud that VA is leading the way."

The article reviews a bundle of four infection control practices that marked a dramatic improvement in preventing hospital-acquired MRSA infections. MRSA infections are a serious global

health care issue and are difficult to treat because the bacterium is often resistant to many antibiotics.

The prevention practices consist of patient screening programs for MRSA, contact precautions for hospitalized patients found to have MRSA, and hand hygiene reminders with readily available hand sanitizer stations placed strategically in common areas, patient wards and specialty clinics throughout medical centers. The strategy also involved creating a culture that promotes infection prevention and control as everyone's responsibility.

"MRSA is a serious threat to patient health that can be minimized with a few achievable strategies," said Dr. Rajiv Jain, VA's chief consultant for specialty care services and lead author of the study. "I am extremely grateful I work for an agency with 152 integrated medical centers across the nation so these strategies could be implemented, assessed, and ultimately, shown to work on a vast scale of many different environments. These results mean better health care for veterans and a way for the



Dr. Rajiv Jain, VA's chief consultant for specialty care services, was lead author of the study.

people they defended to also benefit from this effort in the future."

"These are the types of results hospitals should be striving for," said Dr. John Jernigan, chief of the interventions and evaluation section in the division of healthcare quality promotion at the Centers for Disease Control. "The bottom

line is that MRSA prevention and control is possible."

More than 1.7 million screening tests for MRSA were done on veteran patients during the period reported in the analysis. To review the article in the medical journal, go to http://www.nejm.org/doi/full/10.1056/ NEJMoa1007474.

VA/DoD Smart Phone App Helps Veterans Manage PTSD

Veterans dealing with symptoms of post-traumatic stress disorder can turn to their smart phones for help anytime with the PTSD Coach application created by VA and the Department of Defense.

PTSD Coach lets users track their symptoms, links them with local sources of support, provides accurate information about the disorder, and teaches helpful individualized strategies for managing symptoms at any moment.

The free PTSD Coach

app is now available for download from the iTunes store and will be available for Android devices by the end of the

spring.

"This application acknowledges the frequency with which our warriors and veterans use technology and allows them to get help when and where they feel most comfortable," said Assistant Secretary of Defense for Health Affairs Dr. Jonathan Woodson.

The PTSD Coach is primarily designed to enhance services for individuals who are already receiving mental health care, though it is certainly helpful for those considering entering mental health care and those who just want to learn more about PTSD.

"This is a great service we are providing to veterans, service members, their families and friends, but it should not be seen as a replacement for traditional therapy," said VA Under Secretary for Health Dr. Robert Petzel. "Veterans should use all of the benefits they have earned with their service, and one of the best things about this app is it will get veterans connected to the places that are out there to provide help."

The application is one of the first in a series of jointly designed resources by the VA National Center for PTSD and the Defense Department's National Center for Telehealth and Technology to help service members, veterans, their families and friends manage their readjustment challenges and get anonymous assistance.

Given the current popularity of mobile devices, VA and the Defense Department hope to reach tens of thousands of veterans, service members and their family members with the new suite of apps.

Drug Could Be the 'Magic Pill' to Prevent Type 2 Diabetes in Majority of High-Risk Individuals

A pill taken just once a day in the morning delayed or prevented type 2 diabetes in more than 70 percent of individuals whose obesity, ethnicity and other markers put them at highest risk for the disease, a team of scientists reported March 24. The team

also noted a 31 percent decrease in the rate of thickening of the carotid artery, the major vessel that supplies blood to the brain.

The study, which enrolled 602 participants through the University of Texas Health Science Center San Antonio and seven collaborating centers, including the Phoenix VA Health Care System, is described in the New England Journal of Medicine and has direct implications for the care of 40 million Americans who are pre-diabetic.

"It's a blockbuster study," said senior author Ralph DeFronzo, M.D., professor in the School of Medicine and chief of the diabetes division at the UT Health Science

Center San Antonio. "The 72 percent reduction is the largest decrease in the conversion rate of pre-diabetes to diabetes that has ever been demonstrated by any intervention, be it diet, exercise or medication."

"Many Americans are looking for the 'magic pill' to help us prevent diabetes when diet and exercise fail," said Dr. Peter Reaven, director, diabetes program at the Phoenix VA. "Although not quite the magic pill, results from the ACTose Now, or ACT Now study, demonstrate that pioglitazone is clearly one of the most effective methods studied to date to delay or prevent the onset of type 2 diabetes.

"In addition to the impressive ability to reduce or delay the onset of diabetes in this high-risk population," he added, "the 31 percent decrease in the rate of thickening of the carotid artery suggests

tolerance as demonstrated by a glucose test.

"The drug shows outstanding results," said Robert R. Henry, M.D., president, medicine and science, American Diabetes Association. "It is the most efficacious method we have studied to date to delay or prevent the onset of type 2 diabetes."

Type 2 diabetes involves abnormalities with insulin, a hormone secreted by beta

organs. Reaven reminds everyone the best practice is one they have prescribed for years. "Diet and exercise remain the initial approaches to reducing the risk of diabetes. However, this study highlights one other very powerful alternative that can be considered in appropriate individuals. By treating this insulin resistance, one may postpone the slow evolution to full blown diabetes."

The major side effects of the drug were weight gain and fluid retention. Although these are not trivial, they do not occur in the majority of individuals and can be managed reasonably well in most. However, this medication is not appropriate for all "prediabetes" or even diabetes patients, and appropriate patient selection is critical.

Pioglitazone stimulates appetite while at the same time shifting fat around in the body, taking it out of muscle, the liver and beta cells and putting it in subcutaneous fat depots under the skin, where it is inert and not harmful, Reaven said.

"No drug is perfect," DeFronzo said. "This particular medication does two things improves insulin resis-

tance and improves beta cell function, which are the two core defects of diabetes."

DeFronzo led the trial of pioglitazone, which is marketed as Actos® by Takeda Pharmaceutical Co. Ltd. The Japanese company provided an independent investigator grant to DeFronzo to conduct the ACT Now study. Some patients were followed for as long as four years; the average follow-up was 2.4 years.



this medication has significant ability to protect against vascular disease."

Dr. Dawn Schwenke of the Phoenix VA also contributed to the study.

Pioglitazone is widely used as an insulin sensitizer in patients with type 2 diabetes. In the ACT Now study, participants were chosen because of their high risk for diabetes, including obesity, family history and impaired glucose

cells in the pancreas. Insulin helps the body store and use sugar from food, but in type 2 diabetes the body is insulin resistant; that is, it inefficiently responds to the hormone. With time the beta cells in diabetic patients start to die, resulting in less insulin to handle the demands. Levels of the hormone become progressively lower and sugar levels are increased progressively, damaging blood vessels and

'Pets for Vets' in San Francisco

This summer, the San Francisco VA Medical Center will celebrate its 11th year of operating "Pets for Vets," a program designed to provide a pet to veterans at no cost. The brainchild of Russell Lemle, Ph.D., chief psychologist at the San Francisco VA, Pets for Vets operates solely on donations. Lemle, a pet lover himself, used his own funds as seed money, and enlisted Voluntary Service to establish a General Post Fund for other donations. To date, the program has given out 169 four-legged companion certificates.

"Pets for Vets" is a humanitarian effort in which everyone benefits. Cats and dogs are adopted into homes and veterans gain the love and companionship that pets bring. "The elderly, who often experience disproportionate loneliness and loss, are especially well served by pets," said Lemle. To complement the free adoption program, the halls of the San Francisco VA have been graced with a permanent 30-piece gallery of professional photographic portraits of veterans with their pets. The photo exhibit, entitled "Dog Tags," has been extremely popular with veterans, visitors and staff alike. All portraits were shot by



One of Pets for Vets' most famous participants was Joe Rosenthal, best known for his photo of the flag-raising at Iwo Jima.

Don Crowe, Ph.D., a Bay Area psychologist who is one of the leading pet photographers in the country. To learn more about Pets for Vets, contact russell.lemle@va.gov or Alexandra.harrison@va.gov.

Oklahoma City VA Offers Memorial Services to Honor Fallen Veterans and Employees

The Oklahoma City VA Medical Center has been offering memorial services for recently deceased veterans and VA employees two to three times a year since 2001. Over the years, they have hosted 28 services, with more than 1,800 family members and friends attending. The services are organized by a multidisci-

plinary team chaired by Michelle Sherman, Ph.D., with members from the psychology, chaplain, social work, police, voluntary, medical media, and MAS (death notification) services. Invitation letters from the medical center director and resource lists describing books and websites about grief and support groups available

across the state are mailed to the next-of-kin of each veteran or employee who has recently died.

Each service is about one hour long. Families are encouraged to bring something to place on an Honor Table for viewing during and after the service. They often bring photos, dog tags or poems. Memorial service attendees frequently linger after the service enjoying refreshments, talking with other families, and looking at the items displayed on the Honor Table. Sherman has created a step-by-step "how to" manual for implementing a memorial service. To obtain a copy, e-mail her at *michelle*. sherman@va.gov.



John Alfred Smith served as a combat medic in Vietnam and was wounded in action three times.

Veterans' Advocate Laid to Rest at San Diego's New Miramar National Cemetery

John Alfred Smith became the first military veteran to receive a casket burial at Miramar National Cemetery in San Diego on April 14. With the first casket interment at the new facility, casket and cremation burial alternatives are now available to approximately 235,000 veterans in San Diego County for the first time in 45 years.

Smith served as a combat medic with the 1st Air Cavalry Division in Vietnam, 1968-1969. He was wounded in action three times and spent several years recovering from his wounds. He was a resident of San Diego for nearly 30 years, where he was a well-known veterans advocate. He was one of the original founders of Vietnam Veterans of San Diego, which grew to become the Veterans Village of San Diego. It serves all of the region's military veterans and their families, but especially homeless veterans through a wide variety of outreach and residential programs, including Veterans Stand Down.

'Watson' Promises to Revolutionize the Way Humans and Computers Interact

Recently, a super computer named "Watson" bested two of the brightest champions on the popular TV show "Jeopardy!"—demonstrating a keen ability to comprehend human language, sift through massive amounts of information and choose the best answer based on probability.

Eliot Siegel, M.D., chief of imaging at the VA Maryland Health Care System and professor of diagnostic radiology and nuclear medicine at the University of Maryland, will be leading a project funded by the university to test Watson's advanced analytics for potential health care applications at the University of Maryland and the VA Maryland Health Care System.

Watson, named after former IBM president Tom Watson, is impressive for two reasons: its encyclopedic database of human knowledge and its ability to navigate the nuances of human language. Once it absorbs medical and health information, Watson will be able to help doctors diagnose patients and even interact with both the patient and the doctor by using its ability to navi-



Dr. Eliot Siegel will be leading a project to test Watson's advanced analytics for potential health care applications.

gate those nuances of natural language. "The technology has the potential to result in a renaissance in the application of 'artificial intelligence' in medical data mining, data analysis and decision support," Siegel says.

The Northport VA's War on Diabetes Has Racked Up Some Success Stories

With approximately 8,000 diabetic patients, the Northport (N.Y.) VA Medical Center has launched a war on diabetes that began with the creation of a Diabetic Performance Improvement Team. The multidisciplinary team was charged with finding out what makes

treating diabetes so difficult. Problem areas identified included poor diet, lack of exercise, psychological factors, and lack of medication compliance.

The team established a Diabetes Wellness Clinic to provide "one-stop" diabetes care to veterans. The clinic provides medical review of systems and intervention if necessary, retinal eye exams, diabetic foot exams, endocrinology consults, general diabetes and medication education, nutrition, pharmacy and psychology services, access to enroll in My HealtheVet, telehealth and

MOVE, along with information on how to navigate the Internet to obtain trusted and credible websites. To date, there have been 11 Diabetes Wellness Clinics, with a total of 268 veterans attending. Most have seen a drop in their hemoglobin A1C level.

New Polytrauma Center Opens at Richmond VA Medical Center

A new Polytrauma Transitional Rehabilitation Center has opened on the campus of the Hunter Holmes McGuire VA Medical Center in Richmond, Va., providing a new 20-bed, 22,000-square-foot facility specially designed to offer comprehensive rehabilitation to active duty service members and veterans. The polytrauma system of care at the Richmond VA includes three integrated programs: the Polytrauma Rehabilitation Center; Polytrauma Transitional Rehabilitation; and Polytrauma Network Site. The three programs provide inpatient, transitional and outpatient rehabilitation tailored to the individual patterns of impairment sustained in trauma or resulting from medical conditions or surgery. The program serves active duty service members and veterans.

The Polytrauma Transitional Rehabilitation Program is a time-limited and goal-oriented program designed to improve the wounded service member or veteran's physical, cognitive, communicative, behavioral, psychological and social functioning under the necessary support and supervision. The goal of transitional rehabilitation is to return the individual to the least restrictive environment, including return to active duty, work, school, or independent living, in the community.



Cutting the ribbon on March 8 were (left to right): Charles E. Sepich, medical center director; Daniel F. Hoffman, director, VA Mid-Atlantic Health Care Network; Robert A. Petzel, M.D., Under Secretary for Health; David Cifu, M.D., national director, Physical Medicine and Rehabilitation Program Office; Paul Galanti, commissioner, Virginia Department of Veterans Services; Shane McNamee, M.D., chief, physical medicine and rehabilitation; and Gary Goldberg, M.D., director, Polytrauma Transitional Rehabilitation Center.

Salisbury VA Medical Center Holds 'Senior Prom'

A lot of World War II veterans missed their senior proms because of the war. Several community partners came together earlier this year for a night of fun at the Salisbury (N.C.) VA Medical Center, helping some of those veterans revel in moments they might have missed the first time around. The facility's Recreation Therapy and Dietary Services teamed up with the American Legion Auxiliary Department of North Carolina to present the "Night of Swing" Senior Prom for Community Living Center residents.

"We wanted to create the feeling of a 'night on the town' for our veterans," said Salisbury VAMC staff member Aleashia Brandon. "Dressed to impress" participants enjoyed a delicious dinner and festive atmosphere with family members and special guests. Following dinner, a live band, the Rowan Big Band All-Stars, performed, inspiring lots of dancing. Other sponsors included the Salvation Army of Rowan County.



Volunteer Martha Corriber dances with veteran Phillip Little.

Blinded Veterans Build Strength and Confidence Through Judo Class

A small group of veterans has been meeting every Friday at the Washington, D.C., VA Medical Center to learn the ancient art of judo. Veteran Thomas Huff says it's not that different from the taekwondo he used to study when he was a Marine. "When you know martial arts, nobody



The judo class is offered through the Washington, D.C., VA Medical Center's Vision Rehabilitation Clinic.

messes with you," Huff says. His classmate, 88-year-old World War II veteran Julius Fleischman, agrees that judo builds confidence. "My neighborhood is a little rough, but now when I walk down the street, I don't worry about a thing."

These veterans are receiving life-altering training at the D.C. VAMC's Vision Rehabilitation Clinic. Blinded and low-vision veterans lose the ability to interpret the visual cues that support the defense mechanisms that warn us when danger is near. The judo class is part of their rehabilitation, supporting their efforts to lead independent lives. Their instructor, Ronald Scott, says teaching the vision impaired is no different than teaching the sighted. Judo and blind judo both use the same throws and the same floor and standing techniques. "With judo, believe it or not,

sight is not necessary," Scott says. The only difference is that at the start of the match, the students begin by touching shoulders. And they keep track of each other by following their feet.

LEAD Program Participants Put a 'Face' With a Claim in Bay Pines

The Leadership Enhancement and Development Program is one of the Veterans Benefits Administration's most prestigious leadership programs, designed to identify and cultivate future leaders within VBA. This nine-month program is very competitive and highly coveted.

Participants are assigned a formal mentor, participate in developmental shadowing assignments and work together on an executive assignment team project. Additionally, they attend three weeklong sessions of classroom instruction.

Some of the major objectives of the LEAD Program are to prepare future leaders to become veteran-centric, resultsdriven, and forward-looking. How best to teach this lesson? How about direct hands-on training?

Recently during the second LEAD session, in St. Petersburg, Fla., the class visited the Bay Pines Community Living Center. Stuart Sidell, lead recreation therapist, provided a brief overview of the recreational operations and then introduced the LEAD participants to the veteran residents. Wii tennis, carpet bowling, card games, gardening and bedside interviews are just a few of the activities available to the residents.

The experience made an indelible impression on the 2011 LEAD class. One LEAD participant summed up the experience this way: "The time at the CLC was an opportunity to see the benefits of what we do on a daily basis. I now have a 'face' for each claim I work. This is the greatest lesson plan, getting to spend time with the very folks we serve."

2011 James H. Parke Memorial Scholarship Winners Announced

Timothy C. Norton, of Florence, Ky., is the first-place recipient of the 2011 James H. Parke Memorial Fund Scholarship. Norton, a volunteer at the Cincinnati VA Medical Center, will receive a \$20,000 scholarship to a college or university of his choice.

This year's runner-up winners are: Matthew B. Ford, a volunteer at the Hines VA Hospital in Illinois; Christian Trent, a Lexington (Ky.) VAMC volunteer; Tara Dell'Aquila, a Bay Pines (Fla.) VAMC volunteer; Jennifer Kinder, an El Paso (Texas) VAMC volunteer; William Callahan, a Shreveport (La.) VAMC volunteer; and Elliot Akama-Green, a Palo Alto (Calif.) VAMC volunteer.

To be eligible, candidates must have completed 100 hours of regularly scheduled VA Voluntary Service volunteer service during the calendar year prior to Sept. 1; be a student in the 10th grade or above; and have not reached their 19th birthday. The scholarship was established in 1976 in honor of Parke, VA's first director of Voluntary Service and the founding father of its National Advisory Committee. Each medical center may nominate one VAVS student volunteer for receipt of the award.

Nurse Recognized for Work on Behalf of Cancer Survivors

Ellen Ballard, a registered nurse with the VA Loma Linda (Calif.) Healthcare System, is the recipient of the prestigious Oncology Nursing Society's 2011 Excellence in Survivor Advocacy Award for her work with cancer survivors. Ballard is a clinical analyst at VA Loma Linda's cancer center, where she works with patients in clinical research trials, leads improvement projects, assists with program management, and teaches survivors about the need for ongoing surveillance.

She was instrumental in helping form VA's Cancer Survivorship Advisory Group, which, among other things, advises leadership on cancer survivor issues, developed a directory of cancer survivorship resources for veterans and employees, established an e-mail group of clinicians and researchers interested in cancer survivorship, and disseminated information to facilities concerning current approaches to cancer survivorship. The group



Ellen Ballard

also helps VA researchers by developing studies related to follow-up care, quality-of-life, and psychosocial oncology needs of veterans who have survived cancer.



Dr. John Krieger

VA Puget Sound Health Care System Urologist Named 'Best Reviewer'

The editors of *The Journal of Urology* named Dr. John Krieger, of the VA Puget Sound Health Care System, the recipient of the "Best Reviewer in 2010" Award for his dedicated service and timely reviews of manuscripts on infection and inflammation. The official announcement was made during a reception hosted by Elsevier, the publisher of the journal, on May 15 during the American Urological Association Annual Meeting in Washington D.C.

The mission of the American Urological Association is to promote the highest standards of urological clinical care through education research and in the formulation of health care policy. "We should all be very proud of Dr. John Krieger—one of our own section chiefs. He was recognized as the best reviewer for the most prestigious journal in his field," said Dr. Michael Sobel, VA Puget Sound chief of surgery. Krieger has been on staff at VA Puget Sound since 1982.

VA Enterprise Technology Director Honored by Federal Computer Week

Charles De Sanno, executive director of VA's Enterprise Technology and Infrastructure Engineering, was featured recently in Federal Computer Week for cutting costs and improving VA's overall IT performance. According to Federal Computer Week, De Sanno "is not only adept at keeping one of the largest IT enterprises in the world up and running around the clock, but he is also savvy about continually applying strategic changes to make systems more effective."

Last year, he reduced the number of VA data centers from 175 to 87 for substantial cost savings while maintaining an astonishing 99.99 percent availability of the systems hosted at the centers. He also installed new software to give administrators visibility into all 300,000 computers on VA's networks, thereby improving the security and reliability of the Department's desktop infrastructure. With a \$2 billion annual budget and a 5,000-person staff, De Sanno "keeps the computers humming and the cyber bugs out" of VA's huge IT system, said Federal Computer Week.

Houston VA Psychiatrist Named to Substance Use Disorder Committee

Thomas R. Kosten, M.D., senior advisor on substance abuse based in the Mental Health Care Line at the Michael E. DeBakey VA Medical Center in Houston, was recently selected to serve on the Institute of Medicine's Committee on Prevention, Diagnosis, Treatment, and Management of Substance Use Disorders in the United States Armed Forces.

"Tom's expertise and cutting-edge research in the areas of clinical neurobiology, medications development, and treatment of substance use disorders is recognized worldwide," said J. Kalavar, M.D., DeBakey VAMC chief of staff. "His unique knowledge and insight will definitely lead to improvements in mental health care for our older veterans, as well as veterans of the current conflicts in Iraq and Afghanistan.'

Kosten is also the Jay H. Waggoner professor of psychiatry and behavioral sciences in the Menninger Department of Psychiatry at Baylor College of Medicine and research director of the Veterans Affairs National Substance Use Disorders Quality Enhancement Research Initiative.

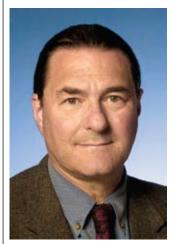


Surrounded by his staff, Atlanta Regional Counsel William Thigpen III (center) was presented the Employer Support of the Guard and Reserve Patriot Award on April 13 by Georgia ESGR Executive Director Penelope Harbour and Army Lt. Col. Harold Askins. Askins, who is a VA staff attorney currently on military orders, nominated Thigpen for the award.

Atlanta Regional Counsel Receives Patriot Award

Atlanta Regional Counsel William Thigpen III, was recently presented the Employer Support of the Guard and Reserve ESGR Patriot Award by Georgia ESGR Executive Director Penelope Harbour and Army Lt. Col. Harold Askins. Employers qualify for the recognition for demonstrated leadership and personnel policies that support employee participation in the Guard and Reserve. Every employer nominated for recognition receives a Patriot Award, a lapel pin, and is eligible for consideration for other awards and recognition based on their level of support described in the nomination narrative.

Askins, who is a VA staff attorney currently on military orders, nominated Thigpen. The nomination was reviewed by an ESGR committee before approval. Employers are judged on a variety of criteria, including: maintaining contact with training or deployed employees; participating in ESGR programs; providing pay differential during periods of mobilization; and supporting employee families while the service member is deployed. To nominate your employer, visit http://esgr.org/newforms.asp?p=patriot.



Michael W. Weiner, M.D.

Alzheimer's Neuroimaging Initiative Honored

In April, Michael W. Weiner, M.D., director of the San Francisco VA Medical Center's Center for Imaging of Neurodegenerative Diseases and principal investigator of the Alzheimer's Disease Neuroimaging Initiative, accepted the 2011 Ronald and Nancy Reagan Research Award from the Alzheimer's Association. The association presented the award to ADNI "for its collaborative and innovative approaches to furthering Alzheimer treatment, prevention and care." It cites Weiner for his extraordinary leadership, which helped make ADNI the largest public-private Alzheimer's disease research partnership in the country.

ADNI is a \$140 million, multi-year clinical trial involving more than 1,000 patients in the United States and Canada. Its mission is to establish biomarkers for the progression of Alzheimer's disease based on markers in the brain, spinal fluid and blood. Much of the project's funding is administered by NCIRE-The Veterans Health Research Institute. The award pays tribute to President and Mrs. Reagan for their courage and leadership in the fight against Alzheimer's.

VA Puget Sound Doctor Recognized as One of Country's Best

Dr. Jerry Palmer, recently named 2011 American Diabetes Association Physician/Clinician of the Year, has worked in the fight against diabetes for nearly 40 years. He started a diabetes care center at the University of Washington devoted solely to the treatment of diabetes and was part of the study that proved glucose levels are linked to diabetes. It's



Dr. Jerry Palmer was named 2011 American Diabetes Association Physician/Clinician of the Year.

for this dedication to learning about and treating diabetes that Palmer is recognized by the ADA.

Initially, Palmer trained in endocrinology in the 1970s, but quickly became interested in diabetes research, which eventually led to his involvement in a groundbreaking diabetes study in the early 1980s. While the clinic continued to grow, Palmer's research career blossomed. He became the head of endocrinology at VA Puget Sound in 1989. Since then, he has become an internationally-recognized expert in diabetes research and has seen the treatment of the disease become more sophisticated and more effective.

VA Physician Wins Prestigious Cardiac Award

Dr. Robert Jesse, VA's principal deputy under secretary for health, has been honored by a leading professional association for his work to improve emergency cardiac care. The award was presented by the Society of Chest Pain Centers, best known as a grassroots effort to bring emergency physicians together to improve early cardiac care.

The Raymond D. Bahr Award of Excellence is given to individuals who demonstrate extraordinary excellence, vision and leadership in advancing health care. The group said Jesse's work in developing an innovative risk-based triage protocol for patients has contributed significantly to the field of cardiac medicine. "I am delighted to receive this award," Jesse said. "To be recognized for contributing to improving cardiac care is truly humbling, and I am honored to be counted among other outstanding Bahr Award recipients." Jesse was honored at an award ceremony on May 4 at the 14th Congress of Chest Pain Centers in Miami. The award was presented by the officers of the executive committee of the society.

Morris Receives Public Service Award for Psychology

Dr. Lorie J. Morris, a psychologist at the VA Maryland Health Care System in Baltimore, received the Outstanding Contributions by an Early Career Psychologist to Psychology in Service in the Public Award from the Maryland Psychological Association. The association cited Morris' work with veterans in the VA Maryland Health Care System's Trauma Recovery Programs and her outreach to educate the public about the needs of returning veterans and their families.

Morris retired from the Army in 1996 after serving as a helicopter pilot and logistics officer. She earned a master's degree in aviation management and small business operations from Embry-Riddle Aeronautical University while on active duty. Morris joined the mental health staff at the VA Maryland Health Care System in 2003, after earning master's and doctoral degrees from Argosy University in Washington, D.C.

Lovell Officer Nationally Recognized at Armed Forces Public Health Conference

Navy Cmdr. (Dr.) Robert Lipsitz, a Captain James A. Lovell Federal Health Care Center preventive medicine officer, was recently awarded the Rear Adm. Charles S. Stephenson Award at the Armed Forces Public Health Conference for excellence in Navy Occupational Health, Preventive Medicine and/or Health Promotions.

He received the recognition for his leadership and skills as preventive medicine officer in 2010. Among many accomplishments, Lipsitz ensured the lowest strep pharyngitis case count in Navy recruits in the past 12 years.



Navy Cmdr. (Dr.) Robert Lipsitz

The Rear Adm. Charles S. Stephenson Award is a national honor, recognizing one Navy medical professional each year. This year's award was presented at the Armed Forces Public Health Conference in Hampton, Va. "Cmdr. Lipsitz has proved that solid leadership, unwavering professionalism and technical expertise are truly a combination for success," said Mark Lesko, head of the Occupational Health Medicine Department.

VA Black Hills Health Care System Police Officer Assists Child in Need

On Valentine's Day, South Dakota law enforcement officers were alerted that a mentally challenged autistic child had run away from a special needs school near Interstate 90. South Dakota Highway Patrol and local police and sheriff units were approximately 10 miles from the child's last known location when they were informed that a VA Black Hills Health Care System police officer was on the scene and the child was safe.

The autistic child was spotted by the VA police officer in the middle of the interstate in heavy traffic. When state police arrived on the scene, Capt. Perry Huffman had the child safely secured in the back of his vehicle. Huffman was able to help the child despite the young man struggling against his assistance. Huffman's actions most likely saved the life of the severely autistic child, who could not speak and was wearing a helmet for self-protection. The



Capt. Perry Huffman rescued an autistic child who ran away from a special needs school and ended up in the middle of an interstate highway in heavy traffic.

South Dakota Highway Patrol credited Huffman with the save and praised him for his professionalism and outstanding performance that most likely saved the child's life.



Dan Glatter

Employee Responds to Roadside Emergency

Dan Glatter, a program support assistant at the VA National Center for Patient Safety in Ann Arbor, Mich., recently assisted two accident victims who were found standing in the roadway following a motor vehicle accident. One appeared to be in shock. "I was driving to work when I saw Dan in action," said Jim Phillips, NCPS assistant administrative officer. "He had pulled over to help a man and woman who were obviously in distress."

Glatter provided assistance to the accident victims until fire department and emergency medical personnel arrived and could provide further care. Both individuals involved in the collision were sent by ambulance to a local medical center. Providing medical assistance is nothing new for Glatter; he served as a medical service specialist in the Air Force, and retired as a technical sergeant. Currently, he teaches a course for those aspiring to become medical assistants at Ann Arbor's Ross Medical Education Center.

VA, Other Government Agencies Collaborate to Help Veteran

A hotel staff member on a remote Pacific island found an OEF/OIF veteran in his bungalow dormant and experiencing a manic episode. Alarmed and unsure what to do, the staff member located the veteran's passport and contacted the State Department, who in turn contacted the veteran's family.

Once notified, his family, residing on the East Coast, informed his VA health care providers back home, and began preparations for his immediate return to the States. From there a chain of events involving collaboration and cooperation unfolded to assist the veteran and his family, including: a social worker at the veteran's stateside VA "home;" the Greater Los Angeles VA Health Care System's OEF/ OIF Program Manager Isabel Moriarty; GLA Suicide Prevention Coordinator Tana Teicheira; a flight nurse medical escort; and officials from the Pacific island nation and the U.S. Embassy.

The veteran's elderly father was flown along with the veteran's medication and the flight nurse to pick up the veteran and accompany him to the West Los Angeles VA Medical Center, where he was evaluated by Resident Dr. Bryan Pham and hospitalized for treatment. GLA staff arranged for the veteran's complete care, with coordination among social work, medical and mental health staff. Moriarty arranged accommodations for the veteran's father at the West Los Angeles campus Fisher House and arranged for the accompanying nurse to stay in a nearby hotel.

