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July/August 2012

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Vanguard

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On the cover

VA for Vets volunteer Suzi Bruns waits to help some of the thousands of Veterans who descended on Detroit's Cobo Center June 26-28 to attend VA's signature event for 2012—the National Veterans Small Business Conference, Hiring Fair and Open House. The event aimed to help Veterans find good jobs, ease the pain of transitioning to civilian life and open the door to benefits, all under one roof. More than 5,700 Veterans were interviewed for jobs during the event.
photo by Robert Turtill

Memorial Day Visitor

Appropriately enough, given the city of Baltimore's historic association with author Edgar Allan Poe, a raven landed on a headstone at the Baltimore National Cemetery on Memorial Day. Paying his respects, perhaps?



A BITTERSWEET Coincidence OF TIMING

Gulf War Veteran George Irish has overcome a multitude of challenges and emerged with a new lease on life.

Timing is a product of chance. It's a collision of events that we always hope is charitable, even advantageous.

But for George Irish, there was no favorable timing in his life in 1990. The United States was marshalling resources to begin the Gulf War. And when his phone rang that August evening, it was his commanding officer telling him to get his bags and report to Roslyn Air National Guard Station on Long Island. By the end of that decade, everything in his life would change.

Irish enlisted in the Air Force Reserve at the age of 28 over the objections of his wife, Deborah. He considered it a positive career move, while she saw an absentee husband being sent off to war. In 1982, that was not even a remote possibility, he assured her.

Irish was teaching physical education at a private school in Queens, N.Y., when he decided an ancillary career as a reservist would give him training and experience in the medical field he wanted to pursue. Eventually, Deborah softened to the idea, and they enjoyed the extra income and access to the base amenities, like a gym, movies, a place

for their children to swim, and shopping at the base exchange. Irish would serve nearly 18 years in the reserves.

Events in their family seemed to coincide with memorable occasions, both positive and negative. Another peculiar manifestation of timing. Their third son Alex was born on Super Bowl Sunday. He arrived conveniently in the morning so George could return home that afternoon and watch the game with his two other boys, Omaar and Christopher.

The day Deborah and the new baby came home from the hospital was an infamous one: Jan. 28, 1986, the day

the space shuttle Challenger exploded. "An easy day to remember," Irish said. A good deal more drama surrounding the events of that period lay ahead.

Shortly after Alex was born, Deborah came down with a cold that just wouldn't go away. Annoying at first, and then a concern. She was an emergency room nurse and had ample training to recognize an unusual medical condition. She and George were eventually sent to an endocrinologist, and at the age of 29, she was diagnosed with lupus.

At the lead-up to the Gulf War, Deborah had just returned home from

another extended hospital stay. She would sometimes be hospitalized twice a year for up to three months at a time.

The debilitating nature of lupus requires a lifetime of steroid therapy to keep the disease at bay, but that drug regimen also affects muscle function. Her respiration was poor, her mobility limited, and she needed constant care. She needed her husband. When the phone rang that August evening, the timing could not have been worse.

Irish and his fellow reservists had known something was in the air.

They ventured down to McGuire Air Force Base in New Jersey more often, and things were just different. He and the others were suddenly issued gas masks and new uniforms, and were urged to get their “personal affairs” in order. They had to name a guardian to take care of their children, and grant a power of attorney.

“It was scary,” Irish said. “Get your bags and let’s go,” he remembered the commander saying.

Irish spoke to his commander about his wife’s condition; he was sympathetic but it didn’t change things. Irish still had to report. His mother came to stay at the house in Queens to help with the children.

He went to McGuire for four days of briefings.

He was standing in line, bag in hand, waiting to board the bus to ship out when his commander came over and told him someone else would take his place. Other new reservists were trained and ready, and the decision was made that one of them would go instead.

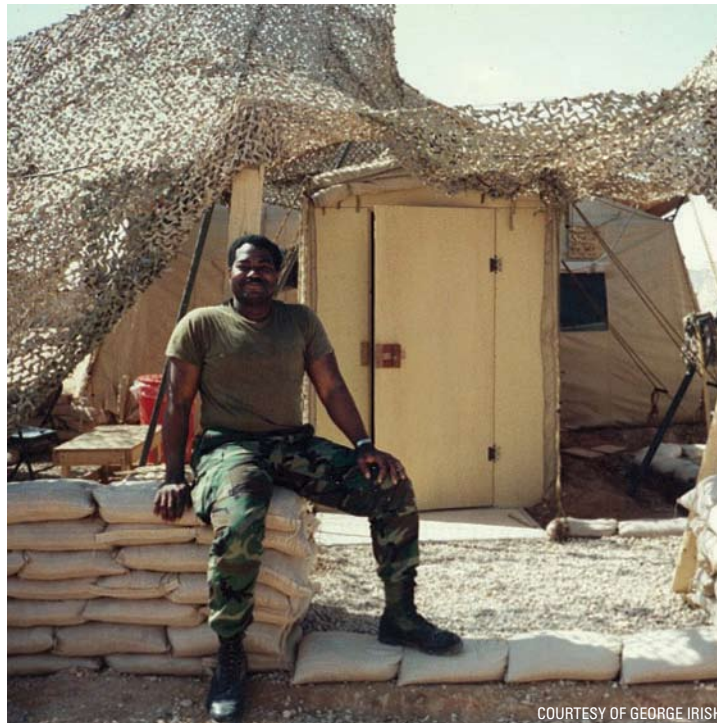
Irish returned home. But his commander made it clear that his call would come later. And it did, on the day after Christmas.

By Jan. 2, he was at Roslyn. By then, Deborah’s health had improved

slightly—she was able to drive and move around with less difficulty. But the global events hadn’t changed, and Deborah’s fears about her husband being sent off to war—such a remote possibility when he enlisted—were being realized.

At Roslyn, they loaded bags into a truck driven by the first sergeant, and Irish drove the bus carrying the troops. They convoyed to McGuire, where a plane was waiting for them, a C-141, and no one had yet told them where they were going.

The flight was a long one. At a



When George Irish joined the Air Force Reserve in 1982, he was just hoping to get some training and experience in the medical field—he never dreamed he’d end up going to war.

stopover in England, they were switched to a C-130 and took off again. Sometime near midnight, they landed in the middle of nowhere, miles into the Saudi Arabian desert. There were no lights, no proper airfield, no welcoming committee.

“I’d never been on what they call a ‘hot offload,’” Irish said. “They drop open the back of the aircraft, you hoist your bag with one hand and place your other hand on the shoulder in front of you, and you walk.”

They were told to walk straight, not left or right, just straight out. “And you hear the hydraulics of the door behind you, you hear that door close, and the plane revs its engine and just takes right off and leaves you there, in the dark, in the middle of nowhere.”

There was a truck off in the distance, which the troops saw only when the driver put the headlights on. It pulled toward them and Irish noticed that the driver was the chief of his unit—a face from home, a comforting sight in the tense moments of his

first experience with war. They all clambered aboard and were taken to a clearing and set up into tents.

Irish and his unit created a field hospital to take in casualties. And then, as Irish puts it, “the B-52s were in the air.” They were in touch with the army field medical units, the MASH units, and quickly his desert hospital began receiving patients.

They were 75 miles from the Kuwaiti border, and the casualties were different from other hospitals. Wounded coming off a battlefield must have their weapons checked, secured and accounted for. And that was one of Irish’s roles. As a weapons courier, he was armed with

an M-16 and a .45, and with that firepower he said he never heard an argument from anyone.

At the end of the Gulf War, when the shooting stopped, the injured American soldiers had shipped out and the hospital began taking in Iraqi casualties. It was never clear if they were Saddam loyalists or asylum seekers. But most of them were happy to be there, he said, “because they knew they were going to get something to eat and a bath.” Even so, the hospital

staff worked with extreme caution on each patient. As Irish put it, “you couldn’t drop your guard, because you might never make it back. And my job was to make it back home.”

And he did, by the middle of May 1991. But the harshest challenge was still ahead.

“You couldn’t drop your guard, because you might never make it back. And my job was to make it back home.”

Deborah’s health seemed to stabilize, and she was driving again. He bought her a small car, a five-speed manual transmission, and taught her how to drive it. She was happy with that little car; working the pedals gave her muscles some exercise. But then, because of the years of steroid therapy, her kidneys shut down. She went on dialysis and sometimes was so weak from the treatment that he had to carry her to the car.

Over the course of the next few years, the disease took its toll. Deborah began losing weight and her episodes became more frequent and more severe. In December 1997, as they were getting ready to leave for work, Irish came downstairs and found his wife on the floor having a seizure. He carried her to the car and went straight to the hospital. She was placed directly into the Intensive Care Unit.

By this stage, her lungs were severely scarred and she had tremendous difficulty breathing. The ICU team went to work on her. They intubated her, dialyzed her, and she began to come around, began talking. The doctor said she looked good; she was going to pull through.

Preparations were made to transfer her out of ICU, and everyone thought she was going to make it. Then in February 1998, as Irish returned home from visiting her, the phone was ringing. He

needed to return to the hospital, they told him. Deborah’s vital organs were failing. They put her on life support.

Three days later, the phone call came, bringing the unyielding news that had been looming in his life: Deborah had passed away. And now he had to tell his sons.

Omaar, the oldest, was away at college. Christopher was in high school, Alex in sixth grade. “They didn’t take it well,” Irish said. “It was very hard on them, and on me.” They still have difficulty talking about it.

He asked the hospital personnel to get his wife ready, get her dressed and clean her up, keep her in the bed like she was sleeping. He wanted to bring the boys in to say goodbye. Deborah Alexis Slade Irish was two months shy of her 40th birthday when lupus claimed her life.

But there were more challenges ahead for George Irish. In a cruel and ironic twist, after having assisted his wife through the rigors of ongoing dialysis treatment, Irish was diagnosed with kidney disease, and required dialysis himself.

The James J. Peters VA Medical

Center in the Bronx became his second home. He would receive dialysis there three times a week, every week, for the next six years.

A year and a half after he began dialysis, he signed up for a kidney transplant at Mount Sinai Hospital in New York. After being on their waiting list for nearly five years, he inquired about the VA transplant program. Sonia Stephen, the transplant coordinator and dialysis nurse at the Bronx VA, helped Irish get on the VA list.

The VA system actively recruits patients for the transplant program, but it’s a complicated process to establish physical and mental suitability, including regular blood and cardiac screening, maintaining an appropriate body mass index, and determining how well a patient complies with their dialysis and medication routines.

In February 2011, Irish visited the VA Pittsburgh Healthcare System, one of only four VA kidney transplant centers in the country. He met the team, had another round of tests, and waited. But not for long.

On Nov. 9, 2011, Irish was in the



COURTESY OF GEORGE IRISH

George Irish’s unit set up and ran a desert field hospital 75 miles from the Kuwaiti border during the Gulf War. Initially, they took in American casualties, but once the shooting stopped, they began taking in Iraqi casualties.

George Irish with Dr. Rajeev Rohatgi, physician at the James J. Peters VA Medical Center in the Bronx, N.Y. Irish was a regular on the dialysis unit there, three times a week, every week, for six years. Last November, he underwent a successful kidney transplant at the VA Pittsburgh Healthcare System.



LYNNE KANTOR

Bronx on the dialysis machine, just like every Wednesday. His cell phone began to ring. He didn't answer. He never answers his cell phone during dialysis. It was Pittsburgh calling.

When they couldn't reach him, they contacted Rose Magdangal, the care team manager of the Dialysis Unit, who called Kedra Smith, the technician responsible for Irish's treatment that day. "You better answer your phone," she told him.

But once again, the timing wasn't perfect. Irish's mother had just passed away and it was the day of her wake. After dialysis, he was headed to the funeral home for the service. But it was a life decision for him, and he knew exactly what his mother would have wanted him to do. So when the team in Pittsburgh asked the question, and he said "yes," the wheels went into motion.

Michael Williams, the social worker for the dialysis patients, arranged

a transport car—it was downstairs waiting for Irish as soon as he finished dialysis. At home, his son Christopher, who was getting dressed for his grandmother's funeral, immediately changed plans and called a friend to take them to the airport.

Irish then called his sister and asked her to take over the responsibilities at the funeral home. At the wake, his mother's priest made the announcement, and friends and family gathered there to say goodbye to Inez Irish also prayed for her son George.

At JFK Airport, Christopher and George Irish boarded a private medical emergency transport plane to Pittsburgh. They were on the ground there by 5 p.m., met by another car and taken directly to the hospital.

Irish was put in a room and prepped, paperwork was finalized, and he was in the operating room by 8 p.m. And at 3 a.m., with his son waiting in the recovery room, he came out of sur-

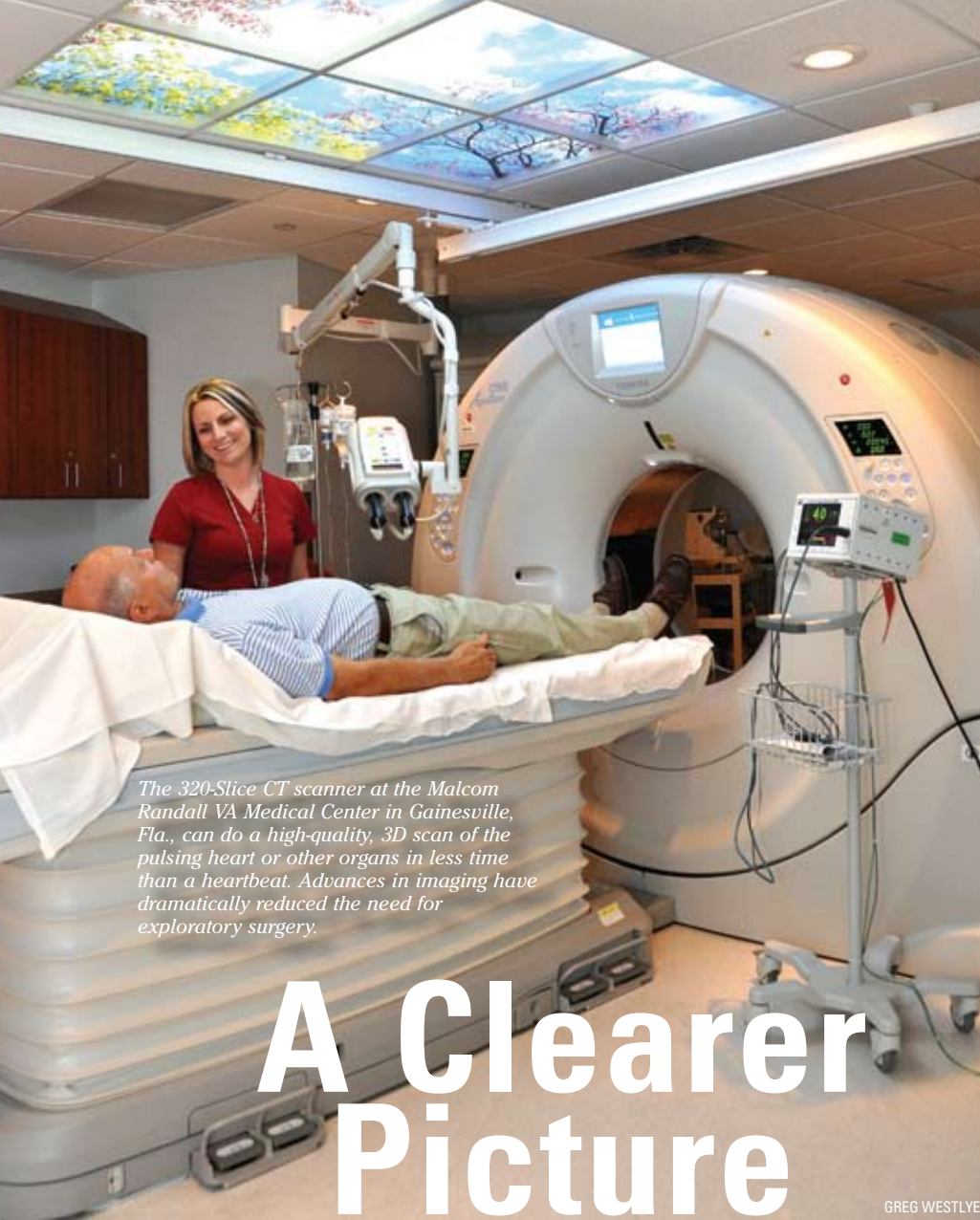
gery with a new kidney donated by an 18-year-old who'd lost his life in a tragic accident.

Irish's transplanted kidney was a near-perfect match. He was out of the hospital sooner than expected, and has had no ill effects.

We sometimes question where our tax dollars go. This is where. Into a VA medical system where a Veteran who gave many years of service receives a medical procedure under urgent circumstances, executed by two professional teams in two different cities, who link their skills and training, and in fewer than 15 hours, accomplish a life-changing operation.

It's a pretty satisfactory return on our investment. All of us taxpayers had a hand in making it happen. And George Irish finally became the beneficiary of a bittersweet coincidence of good timing. **VA**

By Mary Ann Koenig



The 320-Slice CT scanner at the Malcom Randall VA Medical Center in Gainesville, Fla., can do a high-quality, 3D scan of the pulsing heart or other organs in less time than a heartbeat. Advances in imaging have dramatically reduced the need for exploratory surgery.

GREG WESTLYE

A Clearer Picture of Disease

Imaging advances improve health care for Veterans.

Neika Garrison describes the pain she had been walking around with for more than a month: “It felt like an elephant was sitting on my chest.” But the 57-year-old Air Force Veteran says she continued to ignore the pressure in her chest. “I thought maybe it was my asthma medicine.”

When the pain got steadily worse, Garrison called her VA primary care provider, Dr. Saji Packal, at the Malcom Randall VA Medical Center in Gainesville, Fla. “Dr. Packal and her nurse David Clegg told me to come to the Chest Pain clinic in the hospital’s Emergency Room as soon as possible. I’m sure glad I did—I believe they saved my life.”

Garrison, an Orange Park, Fla., resident, spent a fitful night in the Malcom Randall ER undergoing diagnostic tests ordered by her doctor. The next day, she had an additional, high-tech test—a cardiac CT (computed tomography) scan, a quick, painless test doctors use to look for heart and other problems.

During a cardiac CT scan, an X-ray machine—which looks like a giant donut—rotates around the body taking clear, detailed pictures of each part of a patient’s heart at ultra-fast speeds. A computer puts the images together to make a three-dimensional (3D) picture of the entire heart.

“I had a bad night in the ER the day before and my nerves were jangled,” says Garrison. “But the test was quick and non-invasive. From start to finish, it took only about 10 minutes, and the CT technician, James (Mash), allayed all my fears. He was so reassuring, so kind, and so professional—he went above and beyond to make my experience stress-free.”

Thankfully, the CT scan, along with the other battery of tests, ruled out any damage to her heart, and with an accurate diagnosis, the problem was successfully treated and her symptoms subsided. “She had what appeared to be chest pain related to her medication,” which was subsequently adjusted, according to Packal.

Today, advances in diagnostic imaging, like CT scans, MRIs (magnetic resonance imaging), PET (Positron Emission Tomography) scans and other fused techniques are having a major impact on how disease is diagnosed and treated. And a smarter way to manage these images means earlier

diagnosis and treatment—especially for Veterans who receive their health care at VA hospitals and clinics in Florida, South Georgia and the Caribbean, the network of hospitals known as VISN 8.

The Malcom Randall VAMC obtained a 320-Slice CT scanner in November 2011. At a cost of about \$1.5 million, it can do a high-quality, 3D scan of the pulsing heart or other organs in less time than a heartbeat, according to Dr. David Wymer, chief of Diagnostic Imaging. He says there are less than 90 such scanners installed at hospitals across the country, including the VA.

“The ability to image an entire organ and show how it’s working means faster, more accurate diagnosis, better patient outcomes and ultimately, lower health care costs.”

In fact, advanced imaging has, in many cases, replaced exploratory surgery. Wymer compares the CT diagnostic technique with a more conventional procedure to evaluate the heart.

“A cardiac catheterization procedure takes two hours—plus time off from work, sedation, and surgical risk. The cardiac CT is non-invasive and takes two minutes.”

A CT scan may be quick and non-invasive, but is it safe? “We keep the radiation exposure of our patients at the lowest possible level,” says Wymer. “We are fortunate to have highly advanced imaging equipment that allows us to use low exposure imaging and software on our machines that lowers the dosage by another 20 to 30 percent.”

Being able to do the test doesn’t equate to being able to read the test, according to Wymer. Typically, radiologists

evaluate the film from an X-ray, CT, PET or any other health care image and report the findings to the patient’s physicians.

“Having the ability to perform the study with the advanced technology equipment is of little use if physicians trained in interpreting the procedures are not available,” Wymer says. “Fortunately, at the North Florida/South Georgia Veterans Health System, we have subspecialty, fellowship-trained cardiologists and radiologists to analyze our cardiac and body images.”

Today, VISN 8 is one of only two VA networks and one of only a few private hospital systems in the country to have a system-wide, multi-hospital PACS—Picture Archiving and Communication System. PACS is a filmless information system that enables radiologists in different locations to analyze and discuss images from any hospital in the system without ever having to leave their local workstation. PACS is tied directly to VA’s Vista system, which manages the many documents and images in a patient’s electronic health record.

PACS was initially acquired as an independent system at each VA medi-

cal center in VISN 8. Now, PACS functions as a single system for the entire network, with the capability for radiologists to read images for multiple facilities.

The benefits include quicker turnaround times, enhanced patient safety, and lower costs, according to Wymer. “We can now analyze images from anywhere at any time. If a test was done in Orlando, and Miami has the best GI radiologist, we can reach out to that specialist immediately. It’s also useful for our patients who travel and get their care at different VA facilities. They won’t have to repeat the test,” he says.

Another benefit is the ability to remotely read emergency CTs, which is helpful if a radiologist is ill or when one hospital has too many studies to handle. “The capability to share images and expertise makes VA absolutely unique,” Wymer notes.

Improved patient care at the hospital level is another plus to PACS, as radiologists from different imaging modalities consult with specialists and a patient’s primary care physician to develop a treatment plan.

Such is the case at Malcom Randall, which merged Radiology and Nuclear Medicine into a combined clinical service. Staff there recently developed combined interpretation sessions, where Cardiology, Radiology and Nuclear Medicine physicians all come together to discuss each cardiac case, and ideally, provide the best analysis.

Of the synergy achieved by the merger, Wymer says, “By doing this, we can come up with the very best clinical decisions for our Veterans, and that’s what we’re all about.” **VA**



COURTESY OF NEIKA GARRISON

By Susan Wentzell



VA Deputy Secretary W. Scott Gould helped kick off the first Leading EDGE workshop June 28.

MICHAEL L. MOORE

Collaborating to Tackle Government's Challenges

New government-wide leadership program aims to develop the senior executive corps.

Almost a thousand senior executives from across 15 federal agencies kicked off the first of six meetings June 28 as part of a new government-wide senior executive leadership development program called Leading EDGE

(Executives Driving Government Excellence).

"Through Leading EDGE, we will develop a seamless and powerful senior executive corps, unified in purpose and aligned in priorities," said VA Deputy Secretary W. Scott

Gould, who champions the program. "By providing executives with the right tools, we can work collaboratively to solve cross-cutting challenges to improve performance in government."

Leading EDGE is an unprecedented leadership development program that will unite more than 2,000 senior executives in tackling government's challenges. It is supported by the President's Management Council, or PMC, which is comprised of deputy secretaries and administrators from across the federal government. At the core of the program is the premise that government cannot operate optimally without collaborative networks and a motivated senior executive corps that has the right tools to lead in these rapidly changing times.

Collaboration is the cornerstone of the new program. Leading EDGE will draw heavily on the experiences of the senior executives themselves as well as experts from the public, private and nonprofit sectors through a series of workshops and an exclusive Web portal designed to both boost networking among executives and serve as a repository for sharing knowledge and facilitating problem solving. Tighter budgets and growing mission demands have increased the need for agencies to share ideas, work more closely together, and be more open to innovation.

"Today's government requires a new level of partnership and execution," said Gould. "Leading EDGE is a forward-leaning approach—a shift in thinking—that will prepare career leaders for the new social, digital and economic realities we are working in. Through this program, we have a tremendous opportunity to improve government's mission performance."

Prior to the launch of Leading EDGE, participating executives were polled about the issues and challenges facing them. The program's curriculum reflects their input in the six workshop themes: Leading in Challenging Times; Leading Efficiently With Impact; Leading Innovation;

Leading a Workforce Under Stress; Leading for Bottom-line Results; and Leading in Transition.

While the program is an investment in senior executives through training, networking and coaching, it will also engage participants in real-world projects.

“The Government Performance Projects are derived from the President’s own Management Agenda and will focus on ways to get better mission performance, whether it’s by cutting or avoiding costs, improving efficiency and citizen customer service, or reducing cycle time and paperwork,” said Gould.

Five interagency teams of up to 25 executives will collaborate on one or more cross-cutting initiatives to improve government-wide mission performance. At the last program workshop in December, the Government Performance Project teams will present their findings or proposals. Members of the PMC, the Office of Management and Budget and an expert panel will evaluate each proposal, and the best plans could be implemented widely across government.

In addition to the team projects, executives will undergo two assessments and, if their agencies have opted for it, receive coaching. The first assessment will benchmark their professional networks, and provide insights into how they can strategically enhance their connections with a focus on achieving results in their work.

The second assessment is focused on evaluating their leadership skills, which will provide a first-ever executive leadership skills baseline in government. Coaching, which has long been a private sector best practice in optimizing personal and organizational success, will focus on ways executives can leverage their leadership strengths to overcome challenges.

“The response from the first workshop was overwhelmingly positive,” said Leading EDGE Executive Director Jim Trinka. “People are embracing the spirit of collaboration, with one

Support for Government Problem-Solvers

If you were to ask a dedicated public servant, “How hard is it to solve a long-standing government problem?” the answer would most likely be “difficult at best.” If you ask her how to “solve it without a budget,” she would probably reply that it would be “next to impossible.”

Senior executives attending the new Leading EDGE workshops plan to solve some of the toughest problems faced in federal government today and do it using existing, workable solutions and technology, while incorporating best practices.

“You’ll notice that we have not provided paper handouts today,” said VA Deputy Secretary W. Scott Gould, during the first Leading EDGE workshop. “This is a green event and everything is available through the Web on the Leading EDGE portal.”

Leading EDGE is leveraging technology to reach more than 2,000 senior executives without having to fund employee travel and per diem. The cornerstone of the program is the Leading EDGE portal, which was developed on an existing Office of Management and Budget website. This “share first” approach allowed for rapid implementation at reduced costs.

The portal is a valuable tool for the senior executives because it provides a useful repository of leadership information. In addition to the workshop videos, it includes leadership and network assessments, blogs from thought leaders, articles, and, importantly, professional networking capabilities for executives.

The Leading EDGE portal contains profiles of the government’s senior executives, allowing them to learn more about each other professionally and where their particular skills and experiences could be of assistance in solving an issue that might affect multiple agencies. Through the portal, executives will be able to hold discussions in various forums to tackle pressing issues, ask for advice and discover communities of practice. It will serve as a collaboration workspace spanning their organizations.

Gould is visibly proud of the intelligent and resourceful executives in government, and highlighted the value of collaboration that Leading EDGE will advance. “We have some incredibly talented problem-solvers in the federal government,” he said.

“Some may be surprised at the private sector innovations that started within the government—Turbo Tax resulted from our modernization of the IRS and our outreach to accounting practitioners to encourage partnership in new ways. We need to leverage that kind of innovative thinking and spread it across our enterprise, opening discussion and diverse points of view to realize a new path forward.”

Government Performance Projects are focused on cross-cutting initiatives that deliver return on investment in fiscal year 2012 and beyond in nine areas:

- Grants Management
- Acquisition/Strategic Sourcing
- Asset/Real Property Management
- HR Management
- Program Analysis/Innovation
- Financial Management
- Shared Administrative Services
- IT Applications/Management
- Customer Service/Delivery

participant asking at the workshop about how they could post a challenge on the portal and seek feedback from their peers—it’s that kind of ownership and outreach that will make this program the success we know it can

be.”

The second workshop, Leading Efficiently with Impact, was scheduled for July 25. [VA](#)

By Gary Hicks



JENNIFER SAMMARTINO

Prints from the show on display for viewing.

Transforming Toward Recovery

Veterans showcase their art at New York's famed Museum of Modern Art.

A few years ago, when Army Veteran Roberto Funes was a New York City detective escorting Tony Blair, former Prime Minister of the United Kingdom, into the Museum of Modern Art, or MoMA, he never could have imagined his own work would one day grace a wall at the world-famous museum.

But that's exactly what happened. Funes, a member of the Veteran Support Center at the VA New York Harbor Healthcare System, showed his work at MoMA in November 2011, along with other Veterans in

the Day Hospital program. The group opened a show of original works of art entitled "Inked Identity: Veterans Explore Tattoos" at the Lewis B. and Dorothy Cullman Education and Research Building.

The show featured black and white prints made by 23 members of the Veteran Support Center, based at the Brooklyn VA. The prints were made over several months through a collaborative program between VA and MoMA's Education Department.

"The program is designed to help Veterans with creative self-expression, growth and self-understanding," noted

Beryl Brenner, creative arts therapist at the Brooklyn facility.

Brenner asked the Veterans to design tattoos that spoke to them as individuals. Sally Paul, museum educator with MoMA, taught print-making techniques to the Veterans during workshops, and the resulting prints were selected for the exhibition. Afterwards, the entire group discussed the meaning of the images on a personal level.

Funes, who served in Iraq and is a member of the New York Army National Guard, said that showing his work—and the other pieces in the

“I couldn’t even look at my own work. It made me cry. That’s how powerful it was for me. My heart, my blood, my soul were on that wall.”

show—helps the public understand “what all Veterans go through.”

Those sentiments were echoed by other Veterans in the group.

“Everyone has art within them,” said Juan Carlos Cifuentes, an Army Veteran. “I appreciate art and I appreciate that fellow Veterans helped me with my work. I threw a lot of feelings in there. Some things I didn’t want to talk about—it’s like my diary.”

The Veteran artists said that being able to express themselves through art has helped them transform toward recovery.

For Louis Robert Cadet, a Marine Corps Veteran of Desert Storm and Desert Shield, working on a piece for the show helped him reconnect with a part of himself he thought he’d lost forever.

“I used to be an artist ... this brought back a little of my childhood,” said the former Alvin Ailey dancer. “I’ve done painting, but this was my first experience with print. It gave me a chance to express certain things that I’ve kept inside—things about the service, where I come from, where I want to be.”

For many in the group, tapping into their creative sides has been a new experience, but a welcome one.

“Being a part of the program awakened a creative side of me that I knew I had but had put to sleep,” explained Ferdinand Sabat Jr., a Navy Veteran. “To be a part of the show is an honor. I couldn’t even look at my own work. It made me cry. That’s how powerful it was for me. My heart, my blood, my soul were on that wall.”

The Museum of Modern Art has a long

history of serving Veterans, dating back to the creation of its Armed Services Program in 1942, followed by its War Veterans’ Art Center, which opened in 1944 and served thousands of Veterans through rehabilitative and prevocational art programs.

“We continue in the same spirit today by working with Veterans across New York, and were delighted to have this special collaboration with the VA in Brooklyn,” said Francesca Rosenberg, director of Community, Access and School Programs at MoMA. MoMA’s Carrie McGee, assistant educator for the program, also played a pivotal part in helping the group coordinate the exhibition.

“I was very happy to see the Veterans shine,” said Brenner, who has worked with Veterans and the arts for 33 years. “We were thrilled to have an opportunity to work with MoMA. It’s the most important modern art museum in the country and our Veterans were showing there.”

For Funes, showing the work at MoMA was indeed a thrill. “I figured if someone like Tony Blair went there, it’s a big deal,” he said. “It was exciting and made me feel good because I

could show my kids what I had done and then be able to show it in the museum.”

Other artists from the group were equally floored by the news that they’d be showing their original artwork at one of the world’s most highly regarded art museums.

“I couldn’t imagine something I made being in the same building as Picasso and Monet,” said Chumagali Ali, a Marine Corps and Vietnam Veteran. “My family couldn’t believe it. There was my stuff with all the famous artists.”

“It was really gratifying to be able to display at MoMA,” said Bruce Marion, a Navy Veteran who admitted that he was reluctant at first. “I am so glad I did it. My family had a chance to see it and they were in awe.”

For Vietnam Veteran Nathaniel Lewis, the show at MoMA boosted his self-esteem and showed him a side of himself he didn’t know was there. In fact, his work, entitled “Back from Hell,” set the tone for the event by appearing on the invitation.

“There was so much love at MoMA,” Lewis said. “I never thought anyone would ever line up to look at our stuff. I used to cut art class in high school and 50 years later, I’m involved in stuff like this. It made me feel real proud.”

For photographer and Veteran Sheridan Dean, having his work at MoMA was validation of a life dedicated to art. “I’m a photographer—I know the value of being shown there,” he said. “I hope it can be shown in other places, but to have my work at MoMA, that’s an outstanding feat.” **VA**

By Jennifer Sammartino



Kaden Dillard, son of Veteran artist Chris Dillard, looks at the work.



Some 50 David's Drive 831 volunteers delivered almost \$20,000 worth of essentials like socks and T-shirts for Veterans at the Coatesville VA Medical Center on Memorial Day.

Honoring a Lost Life Through Serving Veterans

Charity carries out the wishes of an employee gone too soon.

"David would have loved this," said David Turner Sr., director of David's Drive 831, as he unloaded box after box of donations for Veterans at the Coatesville (Pa.) VA Medical Center this Memorial Day.

David's Drive 831 is a 501(c)(3) charity that David Sr., his wife, Joy, and daughter, Samantha, created to honor the life of their son and brother, David Turner Jr., who, at age 20, died suddenly in December 2009.

From a young age, David Jr. admired military service members and Veterans. In fact, he was an active member of his high school's Air Force Junior ROTC program, and at the time of his death, he had been employed for a short time by the Veterans Canteen Service retail store at the Coatesville VA Medical Center.

While working at the hospital, David Jr. learned that you don't have to be a doctor or nurse to help Veterans. Many he met were homeless and in early recovery; they came to the hospital without essentials. David Jr. wanted to help beyond his job responsibilities, but he never got the chance. That's why the charity was formed and works on his behalf to supply Coatesville's Voluntary Service with everyday items hospitalized Veterans need.

On Memorial Day, after collecting some donations at nearby East Fallowfield Township's "Hats Off to Our Heroes" celebration, approximately 50 David's Drive 831 volunteers delivered almost \$20,000 worth of essential items such as socks, underwear, T-shirts and toiletries for Veterans at the hospital.

The organization holds events all year to raise money and donations. Earlier this May, in honor of what would have been David Jr.'s 23rd birthday, the Turner family hosted a backyard barbeque for nearly 150 people. To get in the door, though, partygoers had to bring a donation. "Show us your underwear, and lunch is on us!" quipped Joy Turner. That day's collections, too, were part of the Memorial Day delivery to the hospital.

Not only does David's Drive 831 make generous donations, they also give tirelessly of their time at hospital events like picnics, the VA2K Walk+Roll and many more. "This organization demonstrates the very best in American values," said Coatesville VAMC Director Gary W. Devansky. "And they serve those who have protected those values, which is truly

special. The Turner family has created an ongoing and powerful tribute to David Jr."

As the charity has grown, it has evolved with the hospital's many programs. Over the last few years, Coatesville's implementation of the Housing and Urban Development-Veterans Affairs Supportive Housing program, or HUD-VASH, has given hundreds of homeless Veterans the opportunity to live independently in the community. The medical center holds 275 Section 8 housing vouchers that Veterans use in Pennsylvania's Chester, Delaware and Montgomery counties.

Getting started in a new home

831 "starter kit," which consists of items like sheets, comforter, pillows, pots and pans, toothbrush, deodorant, cleaning supplies, and more.

The surrounding community wholeheartedly supports David's Drive 831's efforts. Fundraising events such as dine-n-donates and sporting events occur frequently. The charity also enjoys the sponsorship of businesses such as Advanced GeoSystems, Wegmans and Verizon Wireless; sports teams including the Philadelphia Eagles, Phillies, Flyers and 76ers; and other local organizations, including the Modena Westwood fire companies and the Coatesville Rotary Club.

The numbers 8-3-1 have special



"Growing up, we would always say 831 to each other and our parents," said Samantha Turner, with her parents David Turner Sr. and Joy Turner after they delivered donations to the Coatesville VA Medical Center on Memorial Day. "It means eight letters, three words, one meaning—I love you."

requires a good foundation of household items, including furniture, which the funding does not provide. HUD-VASH and Voluntary Service staff work hard to collect and provide as much as possible to help out.

Through donated funds, David's Drive 831 recently began giving a brand new bed to every Veteran entering the program. Additionally, the charity provides the David's Drive

significance to the Turners. "Growing up, we would always say 831 to each other and our parents," Samantha Turner recalled. "It means eight letters, three words, one meaning—I love you." Through David's life, the code has taken on even more meaning, demonstrated through the actions of the charity named for him. **VA**

By Kathleen Pomorski



MARGARET WHEELDEN

The Honor Tables are placed outside the rooms of deceased Veterans.

Made FOR — Veterans — BY Veterans

Fargo VA's handcrafted
Honor Tables
bring comfort to
grieving families.

When Registered Nurse and Iraq Veteran Crystal Nemer was named manager of the Fargo (N.D.) VA Health Care System's Intensive Care Unit, she knew she wanted to make a difference in the care of Veterans and their families. "While I was on active duty in Iraq, I realized how much I wanted to give back to the Veterans I serve at the Fargo VA," said Nemer, "and my job immediately took on a new focus."

During a visit to the Minneapolis VA Health Care System through the VA Midwest Health Care Network (VISN 23) LEAD leadership program, Nemer noticed the palliative care unit there had a commemorative American flag display that could be moved from room to room as needed at the time of a Veteran's death. She learned that the display helped grieving families by showing them how much the VA respected and cared for their loved ones.

Touched by what she saw, she immediately began thinking about how she could arrange to have a similar flag display on the ICU in Fargo. After returning to Fargo, she shared the experience she'd had in Minneapolis with her co-workers, Kristiana Oleson and Nicole Ueckert, who were inspired to take on the project. "We knew Crystal was determined to help Veterans' families with their grief," Oleson said, "and we wanted to be a part of this worthwhile project."

Once the three nurses joined forces, the creative juices began flowing on the design and features of the tables. They decided that they would each create a table with the involvement of their families. They planned to make one for the ICU, one for the Community Living Center, and one for the Medical/Surgical Inpatient Unit as gifts for National Nurses Day on May 6.

Nemer's husband, Floyd, who is a nurse anesthetist at the Fargo VA, helped her with her table from start to finish. "I was happy to assist Crystal

with such a heartfelt project,” Floyd said. “I knew how much it meant to her.”

Ueckert had no woodworking experience but was determined to learn. When she described the project to her Veteran grandfather, Pat Detwiller, he was willing to help.

An experienced carpenter, Detwiller recently had heart surgery and wasn’t supposed to use power tools. “Grandpa used his mind and I used my hands,” said Ueckert. “He designed the table and directed me every step of the way.”

Detwiller and Ueckert asked their local Veterans of Foreign Wars Post in Hillsboro, N.D., to donate the flags for the tables. “It was a project we could work on together as Veterans,” Nicole said, “and it gave us a sense of satisfaction knowing how much the tables would mean to other Veterans.”

Oleson’s husband, Jay, a member of the North Dakota Army National Guard with more than 13 years of service, immediately came on board and helped her with the table from beginning to end. “To be able to make this gift for other men and women who have sacrificed so much for our country is such an honor,” Jay said, “and it was such a meaningful project to work on.”

With the three tables complete, the nurses donated them during their Nurses Day celebration. Even though the day was designed to honor their work for Veterans on Nurses Day, they wanted to give back to the Veterans they serve.

Now, when a Veteran passes away at the Fargo VA, an Honor Table is placed outside the room of the departed Veteran, and remains in place until the family and patient have left the room. “It is all about showing honor and respect to our Veterans,” said Nemer.

The entire project had special meaning for everyone involved because of their personal connections to Veterans. Nemer has been a member of the North Dakota Army National

Guard since 2000 and was deployed to Iraq from 2003 to 2004. She currently serves as a nurse with the North Dakota Army National Guard State Medical Detachment.

Ueckert was also a member of the North Dakota Army National Guard from 2000 until 2010, and served in Iraq from 2004 to 2005, alongside her husband, who served in the North Dakota Army National Guard from 1996 to 2006. Her grandfather, Detwiller, served in the Army from 1951 to 1953; he served in the Korean War from 1951 to 1952.

Oleson’s father, Army Spc. Lee



MARGARET WHELDEN



MARGARET WHELDEN

Top: The Honor Tables let Veterans know that “even if they are gone, they are never forgotten,” said Crystal Nemer. Above (left to right): Patrick Detwiller, Nicole Ueckert, Floyd Nemer, Crystal Nemer, Jay Oleson and Kristiana Oleson with their creations.

Hanson, was a proud Vietnam Veteran who served as a volunteer at the Minneapolis VA until his passing in 2007.

The nurses are already seeing the effect the Honor Tables are having on Veterans. The day before they were presented, the tables were placed in the hallway outside the ICU patient rooms.

One patient spotted the tables from his bed and motioned for Kristiana to come into his room. He asked her what they were for, and when

she explained, the patient got teary-eyed. “That is sure nice of you girls to think of us Veterans that way,” he exclaimed. “If I die back in Bismarck, will you bring a table to me?”

The three nurses say their hope is that the stands will make an impact not only on Veterans and their families, but also on the facility staff. “We want all Veterans to know that even if they are gone, they are never forgotten,” said Nemer. **VA**

By Margaret Wheelden

Celebrating 150 Years of African American Military Service

July 17 marks the 150th anniversary of a law that authorized the first official enlistment of African Americans into the U.S. armed forces.

One hundred and fifty years ago, our country was embroiled in a caustic, bloody civil war that pitted fellow Americans against one another. When the Civil War began in April 1861, African American slaves comprised roughly one-eighth of the U.S. population, and they were quickly eyed as potential manpower by both the Union and Confederate armies.

Most slaves in the South were forced by their owners to aid the Confederate cause. As the war entered its second year, casualties escalated with no easy end in sight, and the enlistment of African Americans to fortify military ranks became a viable option.

Barely a month after the Civil War began, Gen. Benjamin F. Butler, commander of the Union forces in Virginia and North Carolina, defied the Fugitive Slave Act by issuing a military order declaring runaway slaves, who belonged to owners in rebellion, as “contrabands” of war and refused to return them to their owners. Six weeks later, Congress validated Gen. Butler’s order by enacting the First Confiscation Act on Aug. 6, 1861, prohibiting Union officers from

returning runaway or captured slaves.

On July 17, 1862, embedded in the Second Confiscation and Militia Act, Congress gave the President authority to enlist persons of African descent into the U.S. military forces, for the first time in history. Prior to the Civil War, free black men served in every American war and enlisted with state, colony or local militia regiments—not with U.S. forces. Slaves, however, had no choice and were forced to serve, often as “substitutes” for white owners, or leased to state or local authorities for military labor purposes.

Slaves who enlisted in the U.S. military forces were given their freedom, along with rations, uniforms and other provisions, including the same benefits afforded other volunteer soldiers. They were not armed, at first, so their primary duties consisted of camp service or labor, such as constructing entrenchments.

However, by the fall of 1862, three Union generals had formed armed African American regiments in Kansas, Louisiana and South Carolina, despite not being officially sanctioned by the Army. Only after the

Emancipation Proclamation took effect on Jan. 1, 1863, were official regiments of African American soldiers formed and designated as the U.S. Colored Troops, or USCT.

After the Civil War, honorably discharged USCT were eligible for pensions, burial in national cemeteries, and admittance to the new National Home for Disabled Volunteer Soldiers (VHA origins), the same as white Veterans of the Union Army.

Pvt. Joshua Williams, of the 22nd USCT Infantry, Company G, was the first African American Veteran admitted to a National Home. He was a free man from Pennsylvania and received a gunshot wound to his left leg during the Battle of Dutch Gap in Virginia on Sept. 19, 1864.

His wound never healed properly, so he was admitted to the Central Branch home in Ohio in March 1867. The National Home opened at its permanent location in Dayton later that fall, and Pvt. Williams lived out his remaining years there. He died on Aug. 31, 1872, and was buried in the National Home cemetery, now known as Dayton National Cemetery. Joshua Williams was one of roughly 200

USCT admitted to one of four National Homes during its first 15 years of operation.

Other USCT admitted to the National Homes included Joshua Dunbar, father of poet Paul Laurence Dunbar, and men who served with the 54th and 55th Massachusetts USCT regiments.

The National Homes were the first government hospitals-homes established for volunteer soldiers who served with the Union military forces during the Civil War. They were transferred to VA in 1930.

The USCT fought in more than 39 major battles and 400 minor battles or skirmishes during the Civil War. More than 180,000 African Americans served in the U.S. Army and roughly 30,000 served in the U.S. Navy during the war. Some 120 USCT were promoted to non-commissioned officer positions and 26 received Medals of Honor for their heroic service—all firsts in American history.

The proud legacy of African Americans in federal military service, begun by the USCT, did not end when the last official USCT regiment mustered out in December 1867. The U.S. Army was reorganized after the war to include African American infantry and cavalry regiments, and many former USCT continued to serve in the “new” Army.

African American soldiers helped protect settlers and U.S. interests in the American West and Southwest, and served with distinction in the Spanish American War and both World Wars. They continued to defy their skeptics and received numerous awards—including recognition from

foreign countries—for their bravery and skill in military service.

After nearly a century of proven service in the U.S. military, the era of all-black regiments came to an end after World War II. On July 26, 1948, President Truman signed Executive Order 9981 to end segregation in the U.S. military and government. **VA**

By Darlene Richardson

Editor’s note: To commemorate the 150th anniversary, the history exhibit “Blacks in Blue: the USCT Legacy” is currently traveling to various VA sites. For more information, contact VHA Historian Darlene Richardson.



The proud legacy of African Americans in federal military service did not end with the U.S. Colored Troops. Serving in segregated Army infantry and cavalry regiments, African American soldiers helped protect U.S. interests in the American West and Southwest, and served with distinction in the Spanish American War and both World Wars.



PHOTOS COURTESY OF VHA HISTORY OFFICE



The Cobo Center was the site for the three-day event.

Not Just Another Job Fair

VA hosts its biggest-ever hiring event in Detroit.

ROBERT TURTLIL

Thousands of Veterans from around the country descended on Detroit's Cobo Center June 26-28 to attend VA's signature event for 2012—the National Veterans Small Business Conference, Hiring Fair and Open House.

Held annually, the National Veterans Small Business Conference is the federal government's premier event for Veteran-owned small businesses. With VA at the helm this year, senior officials decided to add a Hiring Fair and Open House to the event and provide a broad range of opportunities to serve more Veterans.

"The whole idea behind the set of conferences is to be able to tell the Veteran community that VA is here for you," said VA Chief of Staff John R. Gingrich. "Within a 600-mile radius of Detroit, there are 94,000 to

96,000 unemployed Veterans. There are several million Veterans in that same radius. So why not pick a place where you can come and in one location and one stop be able to see everything we have to offer?"

During the planning phase, Gingrich and senior VA leaders became determined that the event would not just be another job fair. They wanted to provide real job opportunities to Veterans and sought out other federal agencies and numerous private businesses to bring jobs to the table. When the doors opened at the Cobo Center, 24,000 jobs were up for grabs, and VA was geared up to assist Veterans every step of the way by providing resume assistance, one-on-one coaching and help navigating the maze of federal employment.

Air Force Veteran Nick Malatesta, who drove to the event from

northern Kentucky, was pleased with the assistance he received from the professionals staffing the Hiring Fair.

"My coach was amazing—she helped me understand the job application process and how to apply for federal jobs," said Malatesta, who planned to apply for three jobs online with his new resume after going through the coaching session with Cheryl Gravely. "She gave me some job tips and some other things to help me look for a civilian job or a federal job. Having a job coach was an incredible benefit for this job fair."

Malatesta left the Air Force as an armament system specialist 25 years ago. He used his VA educational benefits to complete an undergraduate degree in marketing and an MBA from Wayne State University in Detroit, and then began working in the private sector. In 2011, the father of three lost

VEIS Y TO VA CAREERS

Air Force Veteran Cyrena Cox walked away from the Hiring Fair with multiple job offers.

BOB SPARKMAN/BRIAN LONG

his job, and along with it, his health insurance.

While in Detroit, he also participated in the Open House, applying for VA health care for the first time since his discharge. He spent all three days at the event taking advantage of every available opportunity and focused heavily on tweaking his resume with professional help.

About 100 job coaches like Gravely sat at individual tables equipped with laptops and assisted Veterans with putting together new resumes at the Hiring Fair. Not all Veterans needing coaching assistance were able to travel to the Cobo Center, but that didn't stop VA from lending a helping hand. For instance, 15 service members serving in Kuwait received training and coaching via video teleconference, as did service members stationed at five other military installations.

Air Force Veteran Cyrena Cox's only motivation for attending the event was to be with her sister, who ended up not making it. But after spending \$10 on parking, she decided she might as well check things out. While browsing the numerous displays, she stopped by a VA medical center booth and asked about vacancies.

"I inquired about any jobs in the

Air Force Veteran Nick Malatesta drove to the event from Kentucky, and took advantage of every opportunity offered there.

BOB SPARKMAN/BRIAN LONG

biomedical field," said Cox, who got her start in the field back in 1979 in the Air Force. "Next thing I knew, I was being rushed here and there, and now I have a couple of job offers and more coming. I have a tentative in Dayton, Ohio, and one here in Detroit. I also have offers in California and Florida."

Cox, who is employed, said she felt overwhelmed by the multiple job offers, especially since she did not come to the Hiring Fair looking for a job. "Now, I have so many job offers that I have to sit down and decide what city I want to live in," said Cox, with tears in her eyes.

Cox's experience, as well as that of 5,733 other Veterans who were

interviewed over the three-day event, show why the event was dubbed a Hiring Fair instead of a run-of-the-mill job fair.

"People are getting hired on the spot," Gingrich said from the floor of the Cobo Center. "I think the reason this is not a job fair is that we are actually hiring. We have the proof we are hiring."

Army Reservist Dawn Vickery, of Roseville, Mich., returned from Afghanistan four months ago, and is still making the transition as she resumes life in America.

"The transition hasn't been easy," said Vickery. "I came here to look for defense-related positions. I talked to

the state police, border patrol, and I also spoke to intelligence-type communities such as CIA, FBI and DIA. I got a couple of good leads, I think."

She said this hiring event was different from most because of VA's involvement and that of others who understand and value the skills Veterans bring to the table.

"They understand the backgrounds we come from, they understand our unique experiences, and they respect us," Vickery said.

Helping Veterans like Vickery find good jobs, ease the pain of transitioning to civilian life and open the door to benefits is what VA leaders had in mind when they decided to bring all three events under one roof

for the first time by building on the National Veterans Small Business Conference.

“This is the one place that VA has been able to offer 24,000 jobs, hiring and coaching and mentoring techniques, and help for small businesses,” said Gingrich, adding that VA partnered with the Small Business Administration.

Joining the hundreds of vendors, America’s big three automakers—GM, Ford and Chrysler—attended the small business conference and offered valuable advice to Veteran entrepreneurs.

“They came in and gave training and classes on how you can partner with private industry,” Gingrich said. “Well, that is just as important as partnering with the federal government. They came here and said, ‘You guys are working real hard to get them into federal government. We also need to get strong Veterans into small businesses outside the federal government. That is why we are doing what we are doing with the small business world.’”

Melanie Bergeron, incoming chair of the National Franchising Association and chair of the moving company Two Men and a Truck, spoke briefly at a session of the Open House to acknowledge the 40 companies represented at the Hiring Fair and the business expo. The goal was to recruit and connect Veterans and their spouses with franchise opportunities.

“The show has completely exceeded all of our expectations,” Bergeron said. “There are about 40 franchise owners here committed to hiring Veterans. Veterans are perfect for franchising and franchising is perfect for Veterans. Two Men and a Truck is thrilled to have taken over 200 applications and spoken to over two dozen qualified candidates to be franchisees that will fit perfectly in our system.”

Veterans and their spouses who want to own their own company rather than work for an employer had



ROBERT TURTIL



LARRY MARCHIONDA

Top and above: Veterans could take advantage of a variety of opportunities at the event.

a chance to talk to franchise owners at the hiring fair.

New franchise owner Laura Hannis and her husband, Chad, received a special invitation to attend the small business conference. That’s because she started an interior design franchise business about nine months ago.

“The franchise business model appealed to me in the sense that it is very structured—all of the systems are in place,” said Hannis, whose business primarily serves residential areas in western Michigan. “They have already vetted all of the vendors that I would

have to work with in the interior design business, so it was the perfect fit.”

Her husband served in the Marine Corps from 1990 to 1994; his military service allowed his wife to participate and receive a discount in purchasing a franchise.

“We were able to realize a monetary incentive to purchase this franchise,” said Chad Hannis. “This was a great program that was laid out before us to take advantage of and move into owning a franchise.” **VA**

By Michele R. Hammonds

Restoring Independence and Mobility

VA research enables a paralyzed woman to move a robotic arm just by thinking about it.

A recent study in *Nature* reported that two people with tetraplegia were able to reach for and grasp objects in three-dimensional space using robotic arms that they controlled directly with brain activity. They used the BrainGate neural interface system, an investigational device currently being studied under an Investigational Device Exemption.

On April 12, 2011, nearly 15 years after she became paralyzed and unable to speak, a woman controlled a robotic arm by thinking about moving her arm and hand to lift a bottle of coffee to her mouth and take a drink. That achievement is one of the advances in brain-computer interfaces, restorative neurotechnology and assistive robot technology described in the

May 17 edition of the journal *Nature* by the BrainGate2 collaboration of researchers at VA, Brown University, Massachusetts General Hospital, Harvard Medical School and the German Aerospace Center, or DLR.

In the research, the participants used neural activity to directly control two different robotic arms, one developed by the DLR Institute of Robotics and Mechatronics and the other by DEKA Research and Development Corpora-

tion, to perform reaching and grasping tasks across a broad three-dimensional space.

The BrainGate2 pilot clinical trial employs the investigational BrainGate system initially developed at Brown University, in which a baby aspirin-sized device with a grid of 96 tiny electrodes is implanted in



A 58-year-old woman, paralyzed by a stroke for almost 15 years, uses her thoughts to control a robotic arm, grasp a bottle of coffee, serve herself a drink, and return the bottle to the table.

A 58-year-old woman (“S3”) and a 66-year-old man (“T2”) participated in the study. They had each been paralyzed by a brainstem stroke years earlier, which left them with no functional control of their limbs.

the motor cortex—a part of the brain that is involved in voluntary movement. The electrodes are close enough to individual neurons to record the neural activity associated with intended movement. An external computer

translates the pattern of impulses across a population of neurons into commands to operate assistive devices, such as the DLR and DEKA robotic arms used in the study reported in *Nature*.

BrainGate participants have previously demonstrated neurally based two-dimensional point-and-click control of a cursor on a computer screen and rudimentary control of simple robotic devices.

The study represents the first demonstration and the first peer-reviewed report of people with tetraplegia using brain signals to control a robotic arm in three-dimensional space to complete a task usually performed by their arm. Specifically, S3 and T2 controlled the arms to reach for and grasp foam targets that were placed in front of them using flexible supports.

S3 also used the DLR robot to pick up a bottle of coffee, bring it to her mouth, issue a command to tip it, drink through a straw, and return the bottle to the table. Her BrainGate-enabled, robotic-arm control during the drinking task required a combination of two-dimensional movements across a tabletop plus a “grasp” command to either grasp and lift or tilt the robotic hand.

“Our goal in this research is to develop technology that will restore independence and mobility for people with paralysis or limb loss,” said lead author Dr. Leigh Hochberg, a neuroengineer and critical care neurologist who holds appointments at VA, Brown University, Massachusetts General Hospital and Harvard. He is the sponsor-investigator for the BrainGate2 pilot clinical trial. “We have much more work to do, but the encouraging progress of this research is demonstrated not only in the reach-and-grasp data, but even more so in S3’s smile when she served herself coffee of her own volition for the first time in almost 15 years.”

Hochberg added that even after nearly 15 years, a part of the brain essentially “disconnected” from its

original target by a brainstem stroke was still able to direct the complex, multidimensional movement of an external arm—in this case, a robotic limb. The researchers also noted that S3 was able to perform the tasks more than five years after the investigational BrainGate electrode array was implanted. This sets a new benchmark for how long implanted brain-computer interface electrodes have remained viable and provided useful command signals.

Partial funding for this work comes from VA, which is committed to improving the lives of injured Vet-

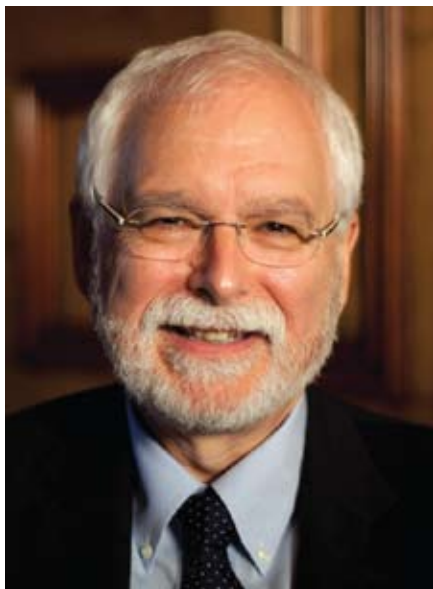
erans. “VA is honored to have played a role in this exciting and promising area of research,” said Secretary Eric K. Shinseki. “This announcement represents a great step forward toward improving the quality of life for Veterans and others who have either lost limbs or are paralyzed.”

John Donoghue, the VA and Brown neuroscientist who pioneered BrainGate more than a decade ago and who is co-senior author of the study, said the paper shows how far the field of brain-computer interfaces has come since the first demonstrations of computer control with BrainGate.

“This paper reports an important advance by rigorously demonstrating in more than one participant that precise, three-dimensional neural control of robotic arms is not only possible, but also repeatable,” said Donoghue, who directs the Brown Institute for Brain Science.

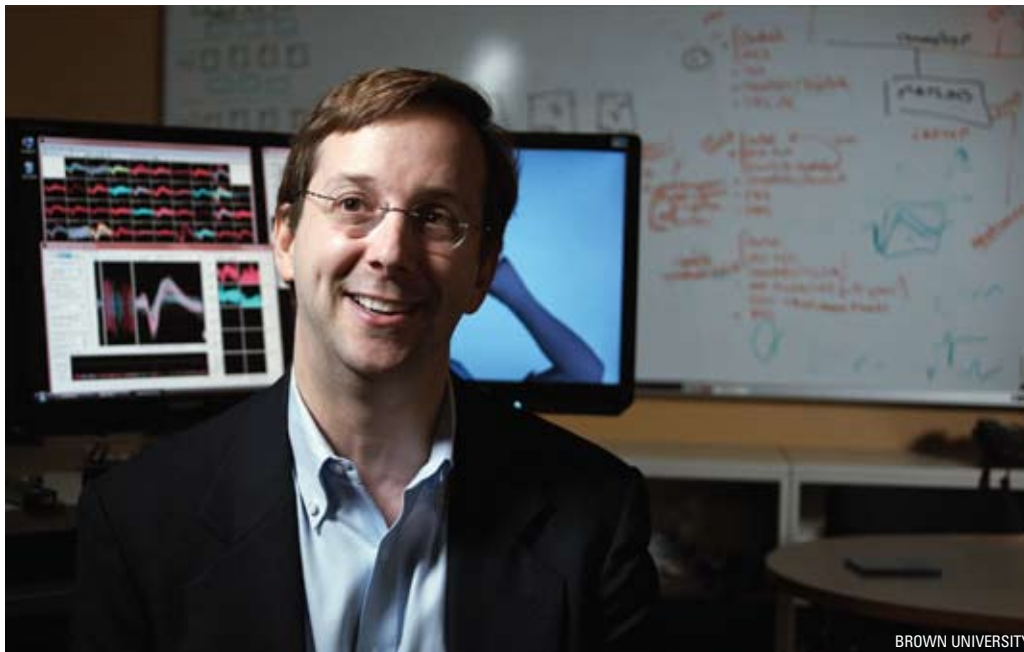
“We’ve moved significantly closer to returning everyday functions, like serving yourself a sip of coffee, usually performed effortlessly by the arm and hand, for people who are unable to move their own limbs. We are also encouraged to see useful control more than five years after implant of the BrainGate array in one of our participants. This work is a critical step toward realizing the long-term goal of creating a neurotechnology that will restore movement, control and independence to people with paralysis or limb loss.”

In the research, the robots acted as a substitute for each participant’s paralyzed arm. The robotic arms responded to the participants’ intent to move as they imagined reaching for each foam target. The robot hand grasped the target when the participants imagined a hand squeeze. Because the diameter of the targets was more than half the width of the robot hand openings, the task required the participants to exert precise control. (Videos of these actions are available on the *Nature* website.)



Dr. John Donoghue

“We’ve moved significantly closer to returning everyday functions, like serving yourself a sip of coffee, usually performed effortlessly by the arm and hand, for people who are unable to move their own limbs.”
- Dr. John Donoghue



Dr. Leigh Hochberg is the sponsor-investigator for the BrainGate2 pilot clinical trial. He is a neuroengineer and critical care neurologist who holds appointments at VA, Brown University, Massachusetts General Hospital and Harvard University.

In 158 trials over four days, S3 was able to touch the target within an allotted time in 48.8 percent of the cases using the DLR robotic arm and hand and 69.2 percent of the cases with the DEKA arm and hand, which has the wider grasp. In 45 trials using the DEKA arm, T2 touched the target 95.6 percent of the time. Of the successful touches, S3 grasped the target 43.6 percent of the time with the DLR arm and 66.7 percent of the time with the DEKA arm. T2's grasp succeeded 62.2 percent of the time.

T2 performed the session in this study on his fourth day of interacting with the arm; the three prior sessions were focused on system development. Using his eyes to indicate each letter, he later described his control of the arm: "I just imagined moving my own arm and the [DEKA] arm moved where I wanted it to go."

The study used two advanced robotic arms: the DLR Light-Weight Robot III with DLR five-fingered hand and the DEKA Arm System. The DLR LWR-III, which is designed to assist in recreating actions like the human arm and hand and to interact

with human users, could be valuable as an assistive robotic device for people with various disabilities.

Patrick van der Smagt, head of bionics and assistive robotics at DLR, director of biomimetic robotics and machine learning labs at DLR and the Technische Universität München, and a co-senior author on the paper, said: "This is what we were hoping for with this arm. We wanted to create an arm that could be used intuitively by varying forms of control. The arm is already in use by numerous research labs around the world that use its unique interaction and safety capabilities. This is a compelling demonstration of the potential utility of the arm by a person with paralysis."

DEKA Research and Development developed the DEKA Arm System for amputees, through funding from the Defense Advanced Research Projects Agency, or DARPA. Dean Kamen, founder of DEKA, said, "One of our dreams for the Luke Arm (as the DEKA Arm System is known informally) since its inception has been to provide a limb that could be operated not only by external sensors, but

also by more directly thought-driven control. We're pleased about these results and for the continued research being done by the group at the VA, Brown and MGH."

The research is aimed at learning how the DEKA arm might be controlled directly from the brain, potentially allowing amputees to more naturally control this prosthetic limb.

Over the last two years, VA has been conducting an optimization study of the DEKA prosthetic arm at several sites, with the cooperation of Veterans and active duty service members who have lost an arm. Feedback from the study is helping DEKA engineers refine the artificial arm's design and function.

"Brain-computer interfaces, such as BrainGate, have the potential to provide an unprecedented level of functional control over prosthetic arms of the future," said Joel Kuper-Smith, M.D., VA chief research and development officer. "This innovation is an example of federal collaboration at its finest." [VA](#)

By Tom Cramer

New Processing Model for Compensation Claims Deployed



GLENN HANGARD

The new model is part of a comprehensive plan to eliminate the compensation claims backlog.

VA is deploying a new model for processing compensation benefits claims at 16 VA regional offices. The new model is part of a comprehensive transformation plan designed to yield an estimated 150,000 to 200,000 additional compensation claim decisions annually, while ensuring Veterans most in need receive priority attention.

“This new model is part of our comprehensive plan to eliminate the compensation claims backlog,” said Under Secretary for Benefits Allison A. Hickey. “Our redesigned model follows comprehensive planning and testing to ensure we have the right recipe for

success.”

The new organizational model involves special handling of claims from Veterans who are facing the most serious injuries or illnesses or experiencing financial hardships or homelessness, and therefore need immediate attention.

Through a new “intake processing center,” claims are routed to one of three segmented lanes:

■ **Express:** Claims that have only one or two medical conditions, or have all the supporting documentation, medical evidence and service records needed for an expeditious rating decision—referred to as “fully developed claims.”

■ **Special Operations:** Claims requiring special handling because of the unique circumstances of the Veterans. These include financial hardship; homelessness; serious wounds, injuries or illnesses; post-traumatic stress disorder associated with military sexual trauma; and former prisoner of war status.

■ **Core:** Claims with more than two medical conditions, or those that will need additional evidence to make a compensation decision.

The segmented-lanes approach helps increase speed and accuracy because the claims specialists become familiar with processing claims of similar complexity.

Veterans and their veterans service organization representatives are encouraged to provide all the needed evidence along with their application in a “fully developed

claim” to expedite the process.

The 16 regional offices that have received the new organizational and process model are: Huntington, W.Va.; Hartford, Conn.; Portland, Ore.; Houston; Cleveland; Des Moines, Iowa; Boise, Idaho; Phoenix; New Orleans; San Juan, Puerto Rico; Atlanta; Indianapolis; Wichita, Kan.; Milwaukee; Newark, N.J.; and Fort Harrison, Mont.

These offices will also receive new technology systems and software upgrades over the next few months. All 56 VA regional offices will have fully implemented all of the people, process and technology initiatives in VA’s transformation plan by the end of 2013.

To learn more about how to file “fully developed claims” using VA’s new Disability Benefits Questionnaires, or DBQs, visit benefits.va.gov/disabilityexams.

New Grants Will Help Homeless and At-Risk Veterans and Families

VA recently awarded nearly \$100 million in grants that will help approximately 42,000 homeless and at-risk Veterans and their families. The grants are going to 151 community agencies in 49 states, the District of Columbia and Puerto Rico.

Under the Supportive Services for Veteran Families program, VA is awarding grants to private nonprofit organizations and consumer cooperatives that provide services to very low-income Veteran families living in—or transitioning to—permanent housing. Those community organizations provide a range of services that promote housing stability among eligible

very low-income Veteran families.

Homeless providers awarded the grants will offer Veterans and their family members outreach, case management, assistance in obtaining VA benefits and assistance in getting other public benefits. Community-based groups can offer temporary financial assistance on behalf of Veterans for rent payments, utility payments, security deposits and moving costs.

Details about the Supportive Services for Veteran Families program are available at www.va.gov/homeless/ssvf.asp. More information about VA’s homeless program is at www.va.gov/homeless.

VA, DOT Join Forces to Help Veterans Connect to Jobs and More

The Department of Transportation in July announced \$29 million in grants to provide improved access to local transportation for Veterans and their families, wounded warriors and other military personnel, helping them find affordable rides to work, school, shopping, medical care and other destinations in their communities. The grants will support 64 projects in 33 states and the Northern Mariana Islands.

“Ensuring that our Veterans and military families have access to quality, convenient transportation is just one way we can thank them for their service,” said DOT Secretary Ray LaHood. “With these transportation grants, we will help connect Veterans and military families with the jobs and training opportunities they deserve, as well as the medical care and other services they need, all located close to home.”

Dr. Robert Petzel, VA’s Under Secretary for Health, said the DOT/VA collaboration will help Veterans returning from Iraq and Afghanistan make a new life for themselves and their families, and will also benefit “the generations of older Veterans who want to remain independent, at home, for as long as possible.

“All of these Veterans have one thing in common,” Petzel observed. “They all need transportation they can depend on to build and maintain successful lives in their communities.

“Especially with so many Veterans now returning home after a decade of war, it is more important than ever that we try to provide them with as much support as we can as they re-enter—and readjust



ROBERT TURTIL

A new grant program supports local governments and transit agencies implementing technologies that make it easier for Veterans to access rides on buses and other transportation systems.

to—civilian life.”

He added: “They have served their country, and now it’s time for their country to serve them.”

The DOT grant program is known as the Veterans Transportation and Community Living Initiative. Funded and managed by the Federal Transit Administration, it supports efforts by local governments and transit agencies to implement technologies—ranging from “smart phone” applications to real-time transit bus locator information—that make it easier for Veterans and others to access and schedule rides on available buses, vans, taxis and other transportation systems.

The unemployment rate for Iraq and Afghanistan Veterans is higher than the national average.

“It is important to remember that here at VA we

can only help the Veterans that we see,” Petzel said. “We have 152 medical centers, close to 1,000 outpatient clinics, and nearly 300 vet centers. But none of those resources help if the Veterans who need those services have no way of getting to them.

“So we appreciate DOT’s investments in projects that will make a real difference in people’s lives by giving them the opportunity to get from their homes to needed services with far less difficulty than in the past.”

But how, exactly, will the grant money be used?

Lee County, Fla., is a good example. That community will receive \$1.4 million to install new information kiosks at a brand new VA outpatient clinic in Cape Coral and other locations, where Veterans can readily obtain real-time information on tran-

sit rides and schedules, day or night.

Further north, the Greater Dayton Regional Transit Authority in Dayton, Ohio—home to Wright-Patterson Air Force Base and more than 80,000 Veterans—will receive \$450,000 to help make it easier for Veterans to arrange for rides by phone, smart phone or on the Web.

The Veterans Transportation and Community Living Initiative was developed by the Federal Interagency Coordinating Council on Access and Mobility, a permanent partnership of federal departments working together to better coordinate federal programs on behalf of people with disabilities, older adults and individuals with lower incomes.

For more information on the individual grants, go to fta.dot.gov/grants/13094_13528.html.

Honoring Their Memory: The History of the VA Veterans Medallion

VA has released a new form for next of kin to use when ordering the bronze medallion. VA Form 40-1330M, Claim for Veteran Medallion, replaces VA Form 40-1330, Claim for Standard Government Headstone or Marker, initially used to make the request.

“A tremendous amount of forethought and planning went into the creation of this medallion,” said VA Secretary Eric K. Shinseki. “VA is pleased to provide another option to families to honor the memory of their loved ones.”

Under federal law, eligible Veterans are entitled to either a government-furnished grave marker or the medallion, but not both. The medallion is furnished in lieu of a traditional government headstone or grave marker for Veterans whose death occurred on or after Nov. 1, 1990, and whose grave in a private cemetery is marked with a privately purchased headstone or marker.

The establishment of the medallion is governed by Public Law 110-157, Dr. James Allen Veteran Vision Equity Act of 2007. The National Cemetery Administration Advisory Committee on Cemeteries and Memorials was

briefed in 2007 on the proposed legislation that would give VA authority to provide a bronze “V” that could be affixed to a privately purchased headstone to designate the grave of a Veteran buried in a private cemetery.

At that time, the Committee expressed concern that use of a bronze “V” could be misconstrued as meaning “Valor” rather than “Veteran.” As a result of the concerns, the proposed legislation was revised, and the final language in Public Law 110-157 (signed in December 2007), Section 201(5), states that the VA may: “furnish, upon request, a medallion or other device of a design determined by the Secretary to signify the deceased’s status as a Veteran, to be attached to a headstone or marker furnished at private expense.”

Furthermore, the responsibility for the implementation of P.L. 110-157, Section 201(5), including the design and distribution of the new device, fell to NCA’s Memorial Programs Service. As a first step, the MPS director consulted, and then initiated a contract for professional design services with, the Army Insti-

tute of Heraldry at Fort Belvoir, Va., in 2008; the process from inception to completion was not immediate.

The Institute and NCA had asked the Committee to provide design ideas. The Committee recommended that the medallion be a distinctive symbol and shape, have flag symbolism and have the word “Veteran” inscribed on it.

The Institute submitted three final designs to VA: a shield, a flag and an eagle. NCA presented the designs to the Committee in November 2008. The majority of the members preferred the flag design with some modifications. NCA then conducted research on flag-folding and determined that when the flag is folded, the number of stars showing is either four or nine.

NCA requested that the Institute modify the flag design. Three flag designs were created: a nine-star and two four-star versions. NCA then conducted three focus groups to get feedback on the most popular design. The nine-star flag was preferred by the majority of the participants.

Based on the feedback received from the focus groups, some additional design modifi-

cations were made and revised medallion prototypes were manufactured. The nine-star flag design was again shared with the Committee in November 2009; it unanimously endorsed the design and also recommended that the Acting Under Secretary for Memorial Affairs adopt the design for recommendation to the Secretary of Veterans Affairs.

The medallion is available in three sizes: 5 inches, 3 inches and 1-and-a-half inches in width. Each bronze medallion features the image of a folded burial flag adorned with laurels and is inscribed with the word “Veteran” at the top and the Veteran’s branch of service at the bottom.

Families ordering the medallion will receive a kit that allows them or a staff member of the private cemetery in which the Veteran is buried to affix it to a headstone, grave marker, mausoleum or columbarium niche cover.

To order the medallion, go to www.cem.va.gov/cem/hml/hmorder.asp. For more information about the medallion, go to www.cem.va.gov/cem/docs/factsheets/medallion.pdf.

By *Richelle Taylor*



The bronze medallion is available in three sizes: 1-and-a-half inches, 3 inches and 5 inches in width.

CHRIS ERBE

ISOs: The ‘Secret’ Agents Behind VA Information Security

When it comes to secret agents, the names James Bond, Jason Bourne, or Ethan Hunt from “Mission: Impossible” may come to mind. Movies and TV shows have trained us to believe that all secret agents use code names like “Double-O-Seven,” drive fast cars, and drink martinis—shaken, not stirred. While this highly fictionalized persona works for Hollywood blockbusters, true secret agents often prefer a much lower profile, and at VA go by the code name “ISO.”

Information Security Officers (ISOs for short) are responsible for safeguarding the personally identifiable information, or PII, of more than 10 million Veterans and more than 300,000 employees 24/7, 365 days a year. Even Bond can’t top that. As the local face of information security, they are charged with the ultimate secret mission—keeping Veterans’ sensitive information, well, secret.

“ISOs and Privacy Officers are the true force behind protecting Veterans’ information,” explains Jerry Davis, Deputy Assistant Secretary for the Office of Information Security. “They work hard day in and day out to keep VA systems and information safe and to educate our workforce about the importance of protecting our Veterans’ data. They are the secret agents behind VA’s security mission.”

As part of that mission, ISOs and their Privacy Officer counterparts recently executed a mission of their own during the 2012 Information Security Awareness Week—*Mission: Veteran Information Protector*,

or *VIP*. This weeklong annual event is designed to raise awareness of the critical role all VA employees play in protecting Veterans’ information. This April, VA employees and Veterans from coast to coast were greeted by their facility’s security team with helpful handouts on topics like social media and securing mobile devices, and even an information security challenge or two.

Rolando Trevino, a retired Air Force Veteran and ISO at the Robert J. Dole VA Medical Center in Wichita, Kan., wanted to make sure that VA employees know who to call when they have a security question—by face and by

“After Awareness Week, they see our faces and get to know us. This creates a personal bond when it comes to protecting our Vets and their information.”

And Trevino has the statistics to back it up. Nearly 88 percent of VA employees who participated in a post-Awareness Week survey nationwide say they now know their ISO—an important statistic, especially when it comes to reporting information security breaches that may occur.

In addition to meeting their security team, VA employees also learned how to improve their daily security routines during the 2012 In-

formation Security Awareness Week. “We’re approachable,” says Reifers. “And we’re here to help if they have a problem. I take pride in knowing that Sioux Falls employees are better equipped to protect our systems and our Veterans.”

Meanwhile, in Reno, Nev., ISO John Whitehill opted for a comparatively more traditional approach to information security training: social media. Whitehill created a YouTube video (www.youtube.com/watch?v=puxIR97ZO2k) highlighting information security best practices that was shown during a town hall meeting for employees.

“They say a picture is worth a thousand words,”

Whitehill reflects.

“I’m hoping our video presentation will be worth at least as much in terms of attention and compliance with VA information security guidelines.” If not, he has more than 100 signatures of attendees who signed an information security pledge to serve as an important reminder of their commitment to protecting Veterans’ information.

“Our Veterans served our country,” Whitehill adds. “It’s our duty to protect their information.”

While Whitehill and the other “secret agents” behind VA information security may share little in common with their movie counterparts, their efforts during the 2012 Information Security Awareness Week are no less heroic. Day in and day out, they are helping make VA more secure and, when it comes to protecting Veterans’ information, moving one step closer to *Mission: Accomplished*.



Your Mission — Be a VIP!

name. Taking the “Where’s Waldo?” concept to a whole new level, Trevino teamed with Visual Information Specialist Curtis Tasset to superimpose photos of him and Privacy Officer Richard DiCaprio within a crowd photo and challenged approximately 1,300 VA employees and contractors in his facility to find their ISO and Privacy Officer. While many succeeded (the record time was 10 seconds), for others it served as an icebreaker.

“When we go out to [Community-Based Outpatient Clinics], there are a few employees who have no clue who we are,” Trevino admits.

formation Security Awareness Week.

“Always lock your computer when you leave your desk. Think twice before you click on suspicious emails. And if you no longer need a sensitive document, shred it,” ISO Mary Reifers told employees at the Sioux Falls (S.D.) VA Health Care System.

She and her team turned the auditorium into an information “voyage,” with ports of call representing topics such as ethics, compliance, and, of course, security. While leis and Hawaiian shirts were optional, using strong passwords was a must.

“We showed people that

Christiana Hess

Youth volunteer Christiana Hess, of the Martinsburg (W.Va.) VA Medical Center, was selected as a \$20,000 scholarship winner in the Jesse Brown Memorial Youth Scholarship Program. Named in memory of the second Secretary of Veterans Affairs, the Disabled American Veterans' scholarship program recognizes outstanding young men and women who volunteer their time and encourages youth volunteers to play active roles in the VA Voluntary Service programs.

Hess attributes her love of volunteering to a tradition of military service in her family, from her ancestor Henry Harrison Ross in the Civil War to her uncle Bryan Ross, an Operation Enduring Freedom Veteran. "Volunteering has made it my duty to do whatever I can to help our Veterans," said Hess. "This is my way of remembering and celebrating my family legacy."

In 2009, Hess began volunteering at the medical center in Ambulatory Care Service, where she assisted several departments by organizing and

"I never realized how much I could impact a person's life until I volunteered."

updating pharmacy manuals, preparing appointment letters and, most importantly, greeting patients and answering their questions or locating staff to assist with their needs.

During the first summer that Hess volunteered, she worked alongside her mother Pamela, a patient services assistant for one of the medical center's primary care teams, at the front desk. "I remember some World War II Veterans who would reschedule their

appointments just so they could come while we were working together," Hess said. "I never realized how much I could impact a person's life until I volunteered."

The following two years, Hess volunteered at the front window of the Outpatient Pharmacy. She served as the first line of communication between the department and Veterans, collecting information from patients for pharmacy records, guiding them through the process to obtain their prescriptions and directing them to the appropriate locations.

"We are always pleased when Christiana greets us at the windows," wrote Oscar and Mildred Steckman. "She is always neat and says hello with a smile that makes us feel that we are welcomed. Her loving attitude and personality give us a feeling of home."

Hess also trained other youth volunteers on proper procedure for dispensing prescriptions and use of the pharmacy computer system. Hess introduced her best friend, Dalisa Bohrer, to volunteer-

ing, and last summer they each completed more than 100 hours of volunteer work in the pharmacy.

Hess has not only excelled as a volunteer at the medical center, but also as a student at Martinsburg High School. She was recognized for her academic achievements as a member of the National Honor Society and Honor Roll, as well as a recipient of the West Virginia PROMISE and George Karos scholarships.



Youth volunteer Christiana Hess greets a Veteran at the Outpatient Pharmacy window at the Martinsburg (W.Va.) VA Medical Center.

She demonstrated leadership as captain of the front ensemble for her high school's marching band. Through her membership in the National Honor Society, Key Club, Ecology Club, Tuscarora Indians 4H Club, American Red Cross and Relay for Life, she has volunteered in many community service activities.

"I understand the value of hard work because of volunteering," said Hess. "I've learned to be responsible, to

technicians," said Hess.

For the first two years of college, she plans to attend Shepherd University in Shepherdstown, W.Va., before transferring to West Virginia University in Morgantown to pursue a doctorate degree in pharmacy. Following completion of her education, Hess intends to become a VA pharmacist.

Her volunteer work with pharmacists in primary care has inspired her career choice. "When I watched them provide personal care to the Veterans—from regulating dosages to providing guidance on blood pressure and diabetes—I saw myself doing the same work. It's through volunteering that I know I want to become a pharmacist and to continue serving our Veterans."

By Kathryn Morris

multitask and to work with different kinds of people. The dedication and commitment I have for volunteering is the same dedication and commitment I have as a student at my high school or captain of our section in the marching band."

Her future goals have been greatly influenced by her experience volunteering at the medical center. "I have had the wonderful opportunity to work with an incredible group of pharmacists and pharmacy

More Information

Jesse Brown Memorial Youth Scholarship Program: www.dav.org/volunteers/scholarship.aspx

Looking for New Ways to Treat Post-Traumatic Stress Disorder

Doctors at the Ralph H. Johnson VA Medical Center in Charleston, S.C., and elsewhere throughout VA, are experimenting with potentially faster ways of providing relief to Veterans coping with post-traumatic stress disorder, or PTSD.

“PTSD is a condition that sometimes arises when a person is exposed to an extreme stress event, such as life threat, combat, or witnessing some sort of traumatic event,” explained Dr. Christopher Pelic, a psychiatrist with the Charleston VA.

“Following exposure,” he continued, “you might have recurrent problems with nightmares, re-experiencing, feelings of being on edge, and avoidance of things that remind you of the events. These are commonplace. In some individuals, however, symptoms become so great that they can prevent you from performing your day-to-day activities. People avoid work, social settings, and life in general to withdraw to a perceived ‘safe zone.’”

Pelic said that to date, pharmacological interventions have relied mainly on medications, like Zoloft, while psychological interventions have turned primarily to exposure-based treatments—cognitive behavioral therapies—to diminish symptoms of PTSD. (Remembering and imagining a traumatic event in detail, repeatedly, is a key component of exposure therapy.)

“Exposure-based interventions have been very effective with about 65 percent of those treated,” Pelic said. “However, this means that 35 percent of behavior therapy patients are still experiencing significant symptoms.”

So VA is continually test-

ing new approaches to treating PTSD—ones that might produce better results, quicker.

“Recently, we’ve been experimenting with several new technological and pharmacological advances, in combination with other therapies,” Pelic said. “We’re finding that this ‘combination approach’ may offer increased effectiveness over existing evidence-based treatments offered in isolation.”

One treatment being tested at VA is an adjunctive therapy for PTSD called Transcranial Magnetic Stimulation, or TMS. It is being combined with an existing evidence-based therapy, Prolonged Exposure, in an attempt to enhance and accelerate treatment effects.

Dr. Ron Acierno, a psychologist with the Charleston VA, explained how it works: “The Veteran sits in a chair and thinks about the traumatic event they experienced while they were in the war zone. While that’s happening, magnetic pulses stimulate the part of the brain that allows you to feel in control of a situation. This is important, because one of the cardinal symptoms of PTSD is a sense of helplessness or lack of control over the event. Thus, when the patient is reminded of the event, these feelings of helplessness—this lack of control—returns.

“The theory,” he continued, “is that combining stimulation of this brain center with exposure to the traumatic memory will allow patients to replace that sense of helplessness with a sense of perceived control over the disturbing memory.”

Acierno said TMS has already been used successfully in treating depression, and



Veteran Laura Lythgoe relaxes while Dr. Christopher Pelic prepares to hook her up to equipment that will provide gentle magnetic pulses to her brain.

now—when used in combination with Prolonged Exposure therapy—appears to be generating positive results as a treatment for PTSD.

“Combining exposure therapy with TMS is a novel approach to treating PTSD,” he said. “We’re in the early stages of this type of therapy, but the results are encouraging. We’ve seen some of our patients experience a nice turnaround early on. We haven’t had a large number of subjects, but we’re seeing some good results.”

Acierno noted that VA also offers Prolonged Exposure therapy to Veterans in their homes through televideo technology.

“Specifically, VA researchers are assessing the safety implications and overall comparative effectiveness of con-

ducting Prolonged Exposure therapy over the computer or via iPads,” the psychologist said. “This saves travel time and increases session attendance. At VA we call this ‘meeting the Veterans where they’re at.’”

“For example,” he continued, “they might have child care responsibilities, or they might spend a lot of time at work. Or they might live far away from a VA medical center. With an iPad or a home computer, or even a smartphone, they’re connected to us, no matter where they are. They can still receive the same treatment.”

For more information on PTSD and available treatments, go to www.ptsd.va.gov.

www.ptsd.va.gov

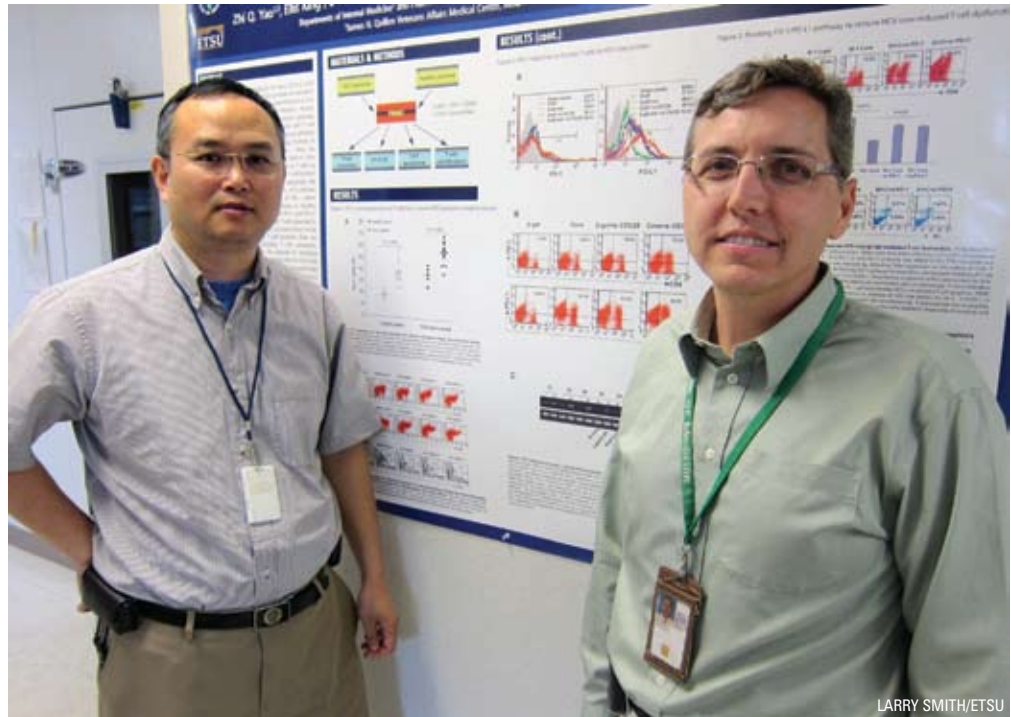
Researchers Explore New Direction in Battle Against Hepatitis C

Two researchers at the James H. Quillen VA Medical Center in Mountain Home, Tenn., and East Tennessee State University who are studying hepatitis C have received a \$1.4 million grant from the National Institutes of Health to pursue a new direction as they try to crack the code of the virus.

Dr. Zhi Q Yao and Dr. Jonathan Moorman received the grant to study a virus that affects 4 million people in the United States, has limited treatment options and no available vaccine. Yao, an associate professor of Internal Medicine at ETSU's James H. Quillen College of Medicine, is the director of the Hepatitis Program at the Quillen VAMC and the principal investigator on the project. His co-investigator is Moorman, chief of Infectious Diseases at the VAMC and a professor of Internal Medicine at the College of Medicine and its division chief of Infectious Diseases.

Yao and Moorman began studying hepatitis C together in 2000 at the University of Virginia School of Medicine, but they have spent most of the years since in Johnson City. Their work has been consistently funded by NIH, but they have primarily looked at the effect of hepatitis C on T cells, a type of white blood cell that fights infection and diseases in the human body.

New findings, however, have centered their attention on cells called monocytes, which work in concert with T cells to fight disease. Monocytes look for harmful, intruding pathogens in the body, and when they spot them, alert the normally dormant T cells to awaken and attack.



Dr. Zhi Q Yao, left, and Dr. Jonathan Moorman hope to crack the code of the virus.

Yao and Moorman theorize that a recently discovered inhibitory receptor called Tim-3 disrupts the natural innate immunity by preventing monocytes from correctly identifying hepatitis C as a virus. A focus on monocytes—instead of T cells—is a branch of hepatitis C research that remains largely unexplored.

“Most of our research has focused on T cells, and the role of monocyte function in hepatitis C has been lightly studied,” Yao said. “Our goal is to identify molecules that could be targets for new immune therapies, or vaccine development.”

Yao and Moorman praised the Veterans at Mountain Home who come to its Hepatology Clinic, where Yao is director. Many who receive antiviral treatment there have agreed to participate in the study, Moorman said, because

they understand that their research could result in better treatments or a cure.

New breakthroughs in hepatitis C are needed, Moorman said, because current, long-term treatments are effective in only about 50 percent of patients. The virus hunkers down in the liver and can lead to cirrhosis, cancer, liver failure and death; it is the most common reason for liver transplants. The lack of better treatments for hepatitis C is particularly vexing, Moorman said, because about 15 percent of patients self-cure from the virus—a sure sign that a vaccine is attainable.

“That’s the holy grail of hepatitis C research,” Moorman said.

Working with infected patients at the Quillen VAMC, Moorman established a blood sample database 10 years ago that has guided

their research. He hopes for a discovery that could do more for patients who suffer from hepatitis C.

“We have to have improved treatments for hepatitis C,” Moorman said. “The treatments have gotten better, but what we do have isn’t effective for almost half of our patients, and they can have some pretty nasty side effects. And though it’s a virus that largely attacks the liver, it can affect the whole body, especially the immune system.”

In addition to their grant funding, which falls under NIH’s intensely competitive R01 classification, Yao and Moorman were co-authors on more than 10 influential scientific papers that reported their findings over the last two years in the *Journal of Immunology*, *Journal of Leukocyte Biology*, *Immunology and Cell Biology*, and *PLoS One*, among others.

The Craft Behind the Music

If you think learning to play a violin is difficult, think how difficult it must be to make one. In 1970, that thought did not deter 23-year-old Giovanni Gammuto from starting his own company to make and restore custom violins. In fact, Gammuto estimates he has made 750 violins during his career as a luthier. More astounding is the fact that he continues to make violins despite being visually impaired.

His visual impairment might have ended his career if not for the help he received last year as a student in the Eastern Blind Rehabilitation Center's Residential Training Program at the VA Connecticut Healthcare System in West Haven. This program helps participants learn the skills necessary to maximize their independence and continue participating to the greatest extent possible in the activities they enjoy most. After five weeks in the program, Gammuto was able to return to his home and workshop in Pennsylvania and resume his work with the aid of a camera and HD monitor provided by VA. Gammuto is now enrolled in the Blind Center's Computer Access Training Program.



RICHARD THOMPSON

Giovanni Gammuto with his most recent violin.

Detroit Tigers Pitcher Donates \$45,000 to VA Facilities

Justin Verlander, star pitcher for the Detroit Tigers, presented the Detroit and Ann Arbor VA hospitals with a check for \$45,000 in May. The money was raised through the sale of more than 110,000 boxes of the "Fastball Flakes" cereal he's been "pitching" since February. "When the cereal was introduced, Justin told both medical centers that 100 percent of the proceeds would be divided between our two hospitals," said Alysse Mengason, public affairs officer for the Detroit VA Medical Center.

"That's huge. His \$45,000 gift is just an initial donation!"

The 14-ounce box of cereal, which is a take-off on Kellogg's Frosted Flakes, retails for \$3.49 and features a likeness of Verlander pitching a baseball. The cereal company signed Verlander after he won the American League's Cy Young and Most Valuable Player awards last season. Verlander has been a supporter of Veterans and VA for quite some time. His first cousin, Christopher, is on his second tour of duty, currently serving in Afghanistan. After presenting an oversized check to VA officials, Verlander said, "The only thing I can say to the Veterans is, 'Thank you.'"



LARRY MARCHIONDA

Detroit Tigers pitcher Justin Verlander (center) presents a check to Detroit VA Director Dr. Pamela Reeves and Ann Arbor VA Director Robert P. McDivitt.

A Place of Honor—Handle With Care

Things look quite a bit different these days at San Antonio's Audie L. Murphy Memorial Veterans Hospital, which was dedicated in 1973 and named after the most decorated World War II soldier, who died in a private plane crash in 1971. Pam Murphy, Audie's widow, attended the dedication ceremony and donated many cherished items to the facility built to care for the men and women following in Murphy's footsteps.

In May 1975, the eight-foot, one-ton bronze statue of Murphy in battle dress was dedicated and placed in front of the facility. Over the past few years, the Murphy family, the Audie Murphy Foundation, the Audie Murphy/American Cotton Museum and the VA historian have discussed methods to preserve the aging donated items in need of professional, museum-quality care.

In January, VA staff worked closely with museum staff to relocate many artifacts, such as his uniform, letters from Presidents, and various other prestigious medals and accolades. Professionals at the Audie Murphy/American Cotton Museum in Greenville, Texas, designed a special exhibit showcasing the valuable artifacts. While sending the artifacts to the museum in Greenville was bittersweet for the San Antonio VA staff, it was essential to preserve them for future generations.

VA Testing Family Caregivers' Use of iPads in Mobile Health Pilot

The Mobile Health Pilot for Family Caregivers will begin this September when VA loans iPads to approximately 1,000 randomly selected family caregivers. The iPads will be pre-loaded with VA mobile health applications designed and created to support the needs of family caregivers, as well as the Veterans they care for.

The apps will support a range of health care management, facilitate day-to-day administrative needs, expand education and communication, and strengthen communication among Veterans, family caregivers and clinicians.

The six-month pilot includes a research study to determine the impact of the apps on family caregiver burden levels and Veteran health care use. At its conclusion in the spring of 2013, VA will roll out the suite of apps so all Veterans and family caregivers have access to them. In the future, VA will also be releasing a suite of mobile Web applications for Veterans, family caregivers and VA clinicians that will be accessible through any Web-enabled device.



Caregiver Mark Corey, shown with his Veteran son, Keith, will be among hundreds of family caregivers who will eventually have quick and easy access to a wealth of valuable health management information—and VA support—via their iPad.

VISN 11 Pilot Mobile Prosthetic Vans Roll the Distance for Veterans

Indiana Veteran David Vaughn was thrilled to travel just six miles to the Terre Haute Community Based Outpatient Clinic for his prosthetics appointment, instead of the usual 80-mile trip to the Indianapolis VA Medical Center. "The closer the care is to the Veteran, the better it is," Vaughn said. "If I have the choice, I prefer to get services at the outpatient clinics."

Vaughn was the first Veteran to take advantage of a pilot program in Veterans Integrated Service Network 11, which sends mobile prosthetic vans to outpatient clinics on a designated schedule. This allows Veterans who use prosthetics, wheelchairs or diabetic shoes in the northern Michigan, central Illinois and northern, central and west central Indiana areas to be served closer to home.

The mobile prosthetic vans allow VISN 11 to offer seating clinics for wheelchair fittings, shoe clinics for diabetic shoes, and orthopedic adjustments at an outpatient clinic. The vans are driven by either an orthotist or prosthetic fitter, who visit the clinics for the day and offer prosthetic services to Veterans with pre-arranged appointments. The mobile prosthetic vans are equipped with specialized prosthetic equipment and tools as well as equipment and supplies for Veterans who have scheduled appointments.



Indiana Veteran David Vaughn, with Occupational Therapist Leslie Mangiapani, was the first Veteran to take advantage of VISN 11's mobile prosthetic vans pilot program.

VA Signs Agreement With 14 Tribal Health Programs

Fourteen Alaska tribal health programs recently signed a Memorandum of Understanding with the Alaska VA Healthcare System that will allow Alaska Native Veterans to receive health care services in tribal clinics in their home community. Under the agreement, VA will reimburse the participating health care entities for their services. Non-Native Veterans will also be able to receive care at the participating tribal health facilities.

Even though many Alaska Native/American Indian Veterans living in rural Alaska have access to a tribal health facility in their community, they must travel to one of five Alaska VA clinics—or even Seattle—to receive VA care. Alaska tribal health programs have special expertise in providing a full range of culturally competent health services to Alaska Natives.

The agreement was crafted in consultation with and facilitated by the Alaska Native Health Board. VA expanded outreach to rural communities in 2007 in preparation for the return of Alaska National Guard troops who were deployed in support of operations in Iraq and Afghanistan.

The facility goal is to have 100 trained tribal Veteran representatives by the end of this year. They anticipate meeting that goal with more than 60 individuals already trained.

Gulf Coast Salute Event Honors Vietnam Veterans

For more than a year, the VA Gulf Coast Veterans Health Care System, the City of Mobile, USS Alabama Battleship Memorial Park, vet centers and many veterans service organizations from across the region worked tirelessly together to plan an event that would honor Vietnam Veterans.

Earlier this year, the partnership reached their goal, with more than 1,200 Vietnam Veterans, family members and Veteran supporters from across the Gulf Coast descending on USS Alabama Battleship Memorial Park to give Vietnam Veterans the welcome home and appreciation they deserved during the Gulf Coast Vietnam Veteran Salute event.

Rolling Thunder Alabama Chapter 1 led a parade of hundreds of motorcycles, military vehicles, vans and buses to the park. As the parade made its way through downtown Mobile toward the park, VA employees and residents of Mobile came out of their homes and lined the streets to cheer for the Veterans. VA Gulf Coast Veterans Health Care System Director Thomas Wisnieski was a featured speaker during the event's opening ceremony. Appreciation, healing, and "never forget your fallen comrades" were common themes throughout his speech and others celebrating the Vietnam Veterans.



In the large shadow cast by the USS Alabama, the VA Gulf Coast Veterans Health Care System and many of its community partners held an event to honor Vietnam Veterans at USS Alabama Battleship Memorial Park in Mobile.

Dallas VA Medical Center Opens Women's Imaging Suite

The Dallas VA Medical Center has dramatically changed the way it provides care to women Veterans with the opening of a women's imaging suite. Procedures offered in the new suite, such as screening mammograms, digital mammography and breast ultrasound, are now performed more seamlessly and conveniently, with more privacy and less stress for the patient during each stage of treatment.

The private waiting room, which is unlike any other VA waiting room, creates a spa-like environment, with its own lockers, restroom, TV and coffee bar. It is connected by private hallways to the mammography exam room and ultrasound/biopsy room. Now a patient can undergo multiple imaging studies while remaining in her gown until her breast exam is completed. The women's imaging suite offers the perfect combination of advanced technology, convenience, personal care and consideration of privacy and is at the forefront of women's breast care.

In related news, Women Veterans Health Care is leading an ongoing culture change campaign to raise awareness of women Veterans, their contributions to the military and the importance of providing them high-quality health care and services. Download new posters and watch a recent PSA, "It's everyone's job to care for women Veterans," at www.womenshealth.va.gov/culture_change.asp.

Austin Data Center Completes Solar Energy Project

VA's Austin data center installed a 15,000-square-foot rooftop solar array, which is capable of generating 200 kilowatts of electricity on site to offset peak demand. "This renewable energy project provides clean, reliable and free electricity to the Austin data center, while reducing reliance on fossil fuels and providing environmental benefits including reductions in greenhouse gas emissions," said Christopher Shorter, executive director of the VA Office of Information and Technology, Enterprise Operations.

VA's EO is also implementing a new chilled water-cooling system at the data center that will improve operating efficiency and save about \$300,000 a year in energy costs. EO continues pursuing other solutions for reducing electricity consumption, such as leading the effort to consolidate federal IT equipment, in addition to the 29 tons of plastics, metal and paper recycled annually. Through these and other efforts, EO will offset its carbon footprint by more than 10,000 tons a year. Under Executive Order 13514, federal agencies must meet a range of energy, water, pollution and waste reduction targets. As a major consumer of electricity, VA data centers have a long history of integrating environmental considerations into day-to-day operations and long-term planning.



The Austin data center installed a 15,000-square-foot rooftop solar array.

Pittsburgh Researcher Receives Awards from Peers, Army
 Rory A. Cooper, Ph.D., director of the VA Center of Excellence in Wheelchairs and Associated Rehabilitation Engineering and the Human Engineering Research Laboratories in Pittsburgh, has recently been awarded two honors—one by his fellow scientists, and one by the Army.

Cooper received the 2011 Mentor Award from the American Association for the Advancement of Science for his work in mentoring underrepresented groups in the science, technology, engineering and mathematics, or STEM, fields. Cooper has mentored more than 200 students at all levels, and more than half of these students have been women or individuals with disabilities.

Cooper also received the U.S. Army Decoration for Distinguished Civilian Service—the highest award given to civilians by the Army—for his tireless work focusing on Veterans with disabilities, and specifically for his editorship of the *Warrior Transition Leader Medical Rehabilitation Handbook*, published by the Army’s Borden Institute. Cooper has been a VA researcher since 1994.

Houston VA Recognized for Battle Against Deadly Bacteria

The Michael E. DeBakey VA Medical Center’s “MRSA Infection Prevention through Facility-Wide Culture Change Program” has been judged best in the “Health System” category for the 2011 HAI WATCHDOG® Awards, sponsored by Kimberly-Clark. The award comes with a \$1,500 education grant.

Methicillin-resistant *Staphylococcus aureus*, or MRSA, is a serious but common bacterium that frequently inhabits the skin or nostrils of healthy people. Because of its resistance to antibiotics commonly used in treatment, MRSA is one of the most rapidly growing and virulent health care-associated infections, and according to the Centers for Disease Control and Prevention, is responsible for more than 100,000 U.S. hospitalizations each year.

“We are honored by this recognition for our infection prevention efforts,” said the Houston VA’s Associate Director for Patient Care Services Thelma Gray-Becknell, R.N. “However, we are extremely proud that our staff members support each other and are focused on our mission to provide the highest quality health care possible to our Veterans.”



Anthony Quarles (left), Environmental Management Services supervisor, gives a few cleaning tips to David Baham, housekeeper.

VA/DoD PTSD Coach App Wins Innovation Award for Telemedicine Achievement

The VA and Department of Defense post-traumatic stress disorder coach mobile application marked its first anniversary with receipt of an award for innovation in the advancement of telemedicine from the American Telemedicine Association.

“Using the popularity of mobile devices, we can provide important tools to Veterans wherever they are, whenever they need them, whether or not they receive care through VA or DoD,” said VA Secretary Eric K. Shinseki.

PTSD coach, collaboratively developed by VA’s National Center for PTSD and DoD’s National Center for Telehealth & Technology, provides education, symptom-tracking tools, self-assessment and connections to support individuals with PTSD. Since its public release on April 11, 2011, the app has been downloaded more than 53,000 times in more than 60 countries.

It is available for free download for both iPhone and Android devices. For more information, visit www.ptsd.va.gov/public/pages/PTSDCoach.asp.

VA's Top Technology Man Recognized for Excellence in Leadership

VA Assistant Secretary for Information and Technology Roger Baker recently received top honors for his leadership in information resources management. Baker received the Executive Leadership in Information Resources Management Award June 12 at the AFFIRM Leadership Awards Luncheon, held at the Capital Hilton in Washington, D.C.

Under Baker's direction, VA has been setting an example of how agencies can update and modernize their network infrastructure. He has spearheaded efforts in cloud adoption and IT systems consolidation. "I think a leader has to be the rock that results are built on in an organization," Baker said. "A leader really has to be focused on delivering those results. In the end, results are all that matter." Baker has been with VA since May 2009. Prior to that, he served as president and CEO of Dataline LLC, an IT services and integration company.



Roger Baker

Singh to Receive Academy Health Award for Innovative Research

Hardeep Singh, M.D., chief of the health policy and quality program at the Houston VA Health Services Research and Development Center of Excellence and assistant professor of medicine-health services research at Baylor College of Medicine, received the 2012 Alice S. Hersh New Investigator Award from AcademyHealth at the society's annual research meeting in Orlando, Fla.

Singh received the award for his innovative work in the area of health services research, including understanding and reducing medical errors in the outpatient setting, especially those that involve missed and delayed diagnosis; use of health information technology to identify and reduce diagnostic errors; and improving patient safety in electronic health record-based health systems.

AcademyHealth is the leading national organization serving the fields of health services and policy research. AcademyHealth focuses on addressing the current and future needs of an evolving health system, informing health policy, and translating evidence into action.



Hardeep Singh, M.D.

Two Business Office Employees Appointed 2012 Baldrige National Quality Award Examiners

James L. McCorvey and Ben C. Keller, both with the Veterans Health Administration's Chief Business Office for Purchased Care, located in Denver, have been appointed by Dr. Patrick Gallagher, director of the National Institute of Standards and Technology, to the 2012 Board of Examiners for the Malcolm Baldrige National Quality Award.

As examiners, they are responsible for reviewing and evaluating applications submitted for the prestigious award. The board of examiners is composed of approximately 500 leading experts selected from industry, professional and trade organizations, education and health care organizations, and nonprofits (including government). Those selected must meet the highest standards of qualification and peer recognition.

The award, created by public law in 1987, is the highest level of national recognition for performance excellence that a U.S. organization can receive. The Baldrige Award may be given annually in each of six categories: manufacturing, service, small business, education, health care and nonprofit. Awards have been presented to 90 organizations to date.

Information about the Baldrige Performance Excellence Program and the application process is available by calling 301-975-2036, sending an e-mail to nqp@nist.gov, or going to the Baldrige Program's website at www.nist.gov/baldrige.

VA Doctor Wins High Honor From Internal Medicine Society

Earlier this year, Dr. Stephan Fihn, director of the Office of Analytics and Business Intelligence in the Veterans Health Administration's Office of Informatics and Analytics, received the 2012 Glaser Award from the Society of General Internal Medicine. Fihn accepted the award at the society's annual meeting in Orlando, Fla.

The Glaser Award recognizes outstanding contributions to research and education. It is supported by grants from the Henry J. Kaiser Family Foundation, the Commonwealth Fund, and individual contributors. Fihn is the former director of VA's Health Services Research and Development Service Center for Outcomes Research in Older Adults at VA Puget Sound Health Care System and a general internist. His research interests include quality of care, particularly in the outpatient setting, and health measurement.



Dr. Stephan Fihn

James A. Haley Veterans' Hospital Receives American Pain Society Award

The Comprehensive Pain Center at the James A. Haley Veterans' Hospital in Tampa, Fla., received its second Clinical Center of Excellence Award from the American Pain Society in a presentation held during the society's annual conference. The facility first received the award in 2007.

The Tampa Comprehensive Pain Center is the largest and most comprehensive pain center in VA and accepts complex pain referrals from all U.S. states and territories.

As one of five 2012 awardees and one of two repeat winners (the Division of Pain Medicine at Stanford University was the second), the Comprehensive Pain Center had to meet the American Pain Society's rigorous criteria for repeat applicants. This required sustained excellence in pain care, along with continued enhancements in clinical pain services, research, training and community involvement.

The Comprehensive Pain Center in Tampa, which will celebrate its 25th anniversary in 2013, treats more than 7,200 patients annually.



The award-winning staff at the James A. Haley VA's Comprehensive Pain Center in Tampa, Fla., include (left to right): Beverly Cheshire, Susan Hagan, Dr. Charles Brock, Dr. Michael E. Clark and Dr. Jennifer Murphy.

Tennessee Valley Healthcare System ICU Honored as One of Nation's Best

VA's Tennessee Valley Healthcare System was honored May 21 in Orlando, Fla., along with 11 other hospitals in the nation, by the Critical Care Societies Collaborative, in partnership with the Department of Health and Human Services, for its efforts to prevent—and eventually eliminate—health care-associated infections.

HAIs are infections that are acquired while patients are receiving medical treatment for other conditions. At any given time, about one in every 20 patients has an infection related to their hospital care. These infections cost the U.S. health care system billions of dollars each year and lead to the loss of tens of thousands of lives. In addition, HAIs can have devastating emotional, financial and medical consequences.

The Tennessee Valley VA received the award because of the efforts of its Medical Intensive Care Unit staff, who received Outstanding Achievement and Leadership in Eliminating Ventilator-Associated Pneumonia and honorable mention for Central Line-Associated Bloodstream Infections. Facilities receiving honorable mention in this year's awards program are listed online at www.aacn.org/2012awards.

Make Way for Ducklings at the St. Louis VA Medical Center

On the afternoon of May 27, the St. Louis VA Police received a phone call reporting several ducklings were trapped inside a storm water drain at the Jefferson Barracks facility. Officers Nick Cornwell and Randy Meyer, along with engineer Ryan Duffy, responded.

Once on site, they found a hysterical mother hen quacking loudly over a drain. The storm drain cover was removed, revealing 11 ducklings trapped below. The ducklings had apparently fallen into the drain as they followed their mother over the drain cover.

Despite a heat index close to 100 degrees, Cornwell and Duffy descended down the narrow five-foot opening to the bottom of the drain. Once there, the two employees were able to retrieve all 11 ducklings. “My patients were in the windows watching, and applause broke out when they completed their task,” said Registered Nurse Steven R. Menke. “All I could think of on this Memorial Day weekend was that if they would go this far for ducklings, I know they have the backs of all the Veterans and employees.” Once back on solid ground, the rescuers noticed the mother duck had wandered off. After canvassing the area, the officers found the mother’s nesting spot in a manicured flower garden behind the hospital’s spinal cord injury unit. The mother and ducklings were then safely reunited.



Left to right: Duck rescuers Ryan Duffy, Nick Cornwell and Randy Meyer.

LT. ALAN TOLLIVER

VA Staff Save 2-Year-Old From Choking Hazard

A 2-year-old child accompanying her grandmother to an appointment at the Beaumont Outpatient Clinic in Texas began breathing noisily with noticeable difficulty. Physician Assistant Jane Walston called for help from registered nurses Liz Taylor and Alexis Bevilacqua.

Together, they were able to rescue the child with CPR procedures. Apparently, the child had swallowed a piece of hard candy that was blocking her airway. The prompt identification of the problem, combined with the clinic team’s quick response, allowed the child to breathe normally and leave the clinic with her grandmother safe and sound.

Left to right: Mary Elizabeth Taylor, Jane Walston and Alexis J. Bevilacqua saved a toddler’s life.



FRAN BURKE

No Typical Day for Employee Who Saves a Veteran’s Life at the Dallas VA Medical Center

Is there ever really a “typical day” at VA? Everyone has normal duties with the occasional bump in the road, but it’s how those bumps are handled that is really important. James Manzay, a Veteran as well as a nursing employee at the Dallas VA Medical Center, recently faced such a decision when a Veteran climbed over the safety glass on the third floor of the clinical addition.

While Lt. Collier Brocks, Lt. Jeff Carpenter and Sgt. Wayne Benton of the VA Police were on the scene and speaking to her—encouraging her not to jump—the situation remained at a standstill. Manzay, who happened to be walking by, offered to talk to her and was able to get her to hold his hand. Standing there hand-in-hand, the two talked for an additional 10 minutes before he was able to convince the Veteran to let VA Police take her other hand and pull her back to safety.



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