

VAanguard

U.S. Department of Veterans Affairs

September/October 2012



Olympic Dreams

Transforming Veteran Recruitment

VA's Fight Against AIDS

Pursuing Organizational Excellence



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Vanguard

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On the cover

Natalie Dell, a project manager for health services research at the Bedford (Mass.) VA Medical Center, was part of a four-woman sculls rowing team that won a bronze medal at this summer's Olympic Games in London. She was honored at the Bedford VA and at VA headquarters after she returned from the Games, celebrating her achievements both as an Olympic athlete and as a health researcher dedicated to helping Veterans.
photo by Robert Turtill

I AM A CUSTOMER SERVICE REPRESENTATIVE...

AM I A
VETERAN
INFORMATION
PROTECTOR?

YES.

*Monica Brown
Denver VA Health Administration Center
Civilian Health and Medical Program (CHAMPVA)*

It is YOUR mission to be a Veteran Information Protector (VIP) at VA. Talk to your Information Security Officer or Privacy Officer to learn more about how YOU protect Veteran information. Visit https://vaww.infoprotection.va.gov/VIP_Resources.aspx to find out more.

MISSION: 
VETERAN INFORMATION PROTECTOR



Office of Information Security

VA Using Technology to Improve Access to Mental Health Care

In an effort to improve Veterans' access to mental health care and perhaps lower the suicide rate among the Veteran population, VA is striving to provide 200,000 video conferencing consultations—also known as telemental health—before the end of the year. VA has also decided that it will no longer charge Veterans a co-payment for any telehealth services it provides.

"We provided 140,000 remote mental health visits to 55,000 Veterans through our community-based outpatient clinics in fiscal year 2011," said Linda Godleski, director of VA's National Telemental Health Center and a psychiatrist at Yale University. "That's more than double the rate of telemental health services delivered in 2008."

Godleski said VA's video-conferencing program, which began in the early 2000s as a way to manage medication, has grown to encompass a wide range of mental health services, including suicide prevention evaluations.

"When clinically appropriate," Godleski said, "remote visits can provide immediate evaluation of suicidal patients without requiring transport to a remote facility. In some cases, we can even prevent hospitalization."

Godleski said she and her colleagues made an interesting discovery after studying the records of 98,609 VA patients who were new to telemental health services.

"We found that there was a 24 percent decrease in hospitalizations, in an average of six months, after receiving remote care when compared to the same period before receiving remote care," she observed. "We found that the number of



ROBERT TURTIL

Telemental health and related initiatives like the Veterans Crisis Line allow Veterans to reach out for help in the privacy of their own homes.

days these patients were hospitalized decreased by close to 27 percent."

Patricia Ryan, associate chief consultant for the VA Office of Telehealth, said she believes VA's increased use of telehealth services could play a significant role in providing mental health services to Veterans—a vital component of suicide prevention.

"The technology allows patients to connect with their specialists easier," she said. "Oftentimes, Veterans are disabled or living in rural communities. This can make it difficult or costly for them to travel to see a VA specialist. With telemental health, they don't have to drive to a VA clinic or medical center to get the help they need. They don't even need to leave their home."

Ryan added: "Telemental health gives Veterans much

greater access to the services they need should they find themselves in crisis. We can monitor them more closely, and provide them with the help they need, when they need it."

Jan Kemp, who heads up VA's Veterans Crisis Line in Canandaigua, N.Y., said telemental health has another major advantage for many Veterans.

"The fact that they can stay in their home and connect to us might help reduce the 'shame factor' that prevents so many Veterans and active duty personnel from seeking the help they need," she explained. "Sometimes, in the military culture, it's considered a sign of weakness to ask for help. And if you're active duty, you might actually fear that reaching out for help could damage your career. Telemental health allows you to reach out for

help in the privacy of your own home."

The Veterans Crisis Line, launched in 2007, has handled more than 600,000 calls from suicidal Veterans, active-duty troops, or their family members. Crisis Line counselors are credited with saving more than 22,000 lives.

Kemp said that in addition to telemental health and the Veterans Crisis Line, VA is reaching out to Veterans in other creative ways.

"The fact is, Veterans increasingly are communicating with VA staff through online chats and text messages," Kemp said.

"We're encouraging that. This kind of instant access makes it easier for them to communicate with VA staff and seek immediate help wherever they are, which may lessen their chances of developing suicidal thoughts."

New Video Encourages Incarcerated Veterans to Seek VA Help

VA's Veterans Justice Programs has developed a short video designed to encourage incarcerated Veterans to seek out the Department's help in staying off the streets, staying clean and sober, and staying on the right side of the law.

"One of our key missions is to reach out to all Veterans, including those involved with the justice system," said Secretary Eric K. Shinseki. "We want incarcerated Veterans to know we're in their corner, that we can help them make a better life for themselves."

The four-minute video, "Suits: VA Support for Incarcerated Veterans," is being distributed to the nation's 1,300 federal and state prisons and, ultimately, 3,300 local and county jails. It was produced and directed by Kyle Hausmann-Stokes, a Veteran who served in Iraq.

"The goal of our program is to provide these Veterans with timely access to VA services, to prevent them from becoming homeless, and to help them stay out of the criminal justice system," explained Dr. Jim McGuire, director of Veterans Justice Programs. "At the same time, we want to guide them toward VA mental health and homeless services and other clinical

treatments aimed at rehabilitation, and promoting their independence."

Dr. Joel Rosenthal, national training director of Veterans Justice Programs, said the powerful video portrays a Veteran inmate whose story revolves around the various "suits" he has worn through-

'suit,' that connected him to assistance from VA both while incarcerated and also upon his release."

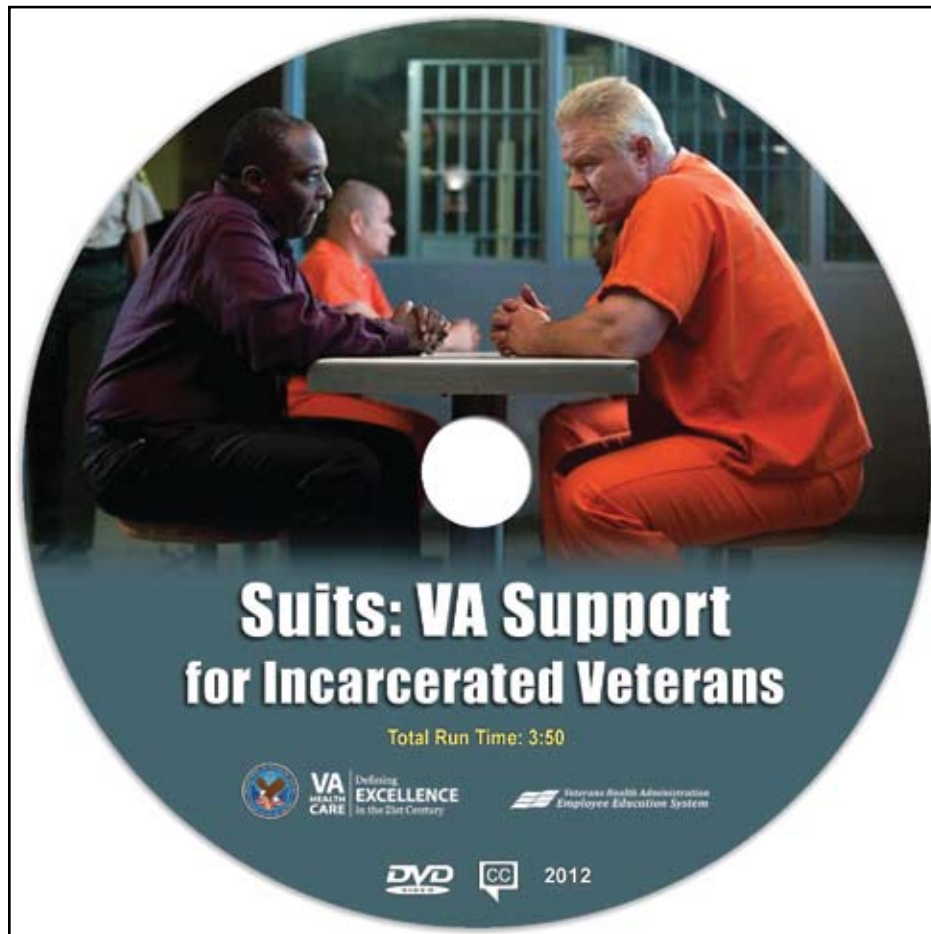
He added: "VA is advising prison and jail officials that the video can be played repeatedly in all areas of a correctional facility in hopes of reaching as many incarcerated

identify Veterans as quickly as possible and provide outreach, conduct an initial clinical assessment, and facilitate linkage to needed treatment and other resources upon release.

Since a Veteran's contact with the justice system will often begin with a law enforcement encounter, justice specialists frequently provide training and consultation on Veteran-specific issues to both VA and community law enforcement agencies.

To learn more about VA's efforts to help incarcerated Veterans and to contact VA specialists directly, visit the following Veterans Justice Programs websites: Veterans Justice Outreach (outreach - law enforcement, jails, courts), www.va.gov/HOMELESS/VJO.asp, and Healthcare for Reentry Veterans (outreach - state and federal prisons), www.va.gov/HOMELESS/Reentry.asp.

The "Suits" video is available for viewing at www.va.gov/homeless/outreach.asp.



The four-minute video is being distributed to federal and state prisons, and local and county jails.

out his life.

"He recounts his life from boyhood, through his time in the military, getting himself into trouble, his resulting incarceration and, later, his successful reintegration into the community," Rosenthal explained. "He notes that it was his military uniform, or

Veterans as possible."

Each VA medical center has a Veterans justice specialist who serves as a liaison between VA and the criminal justice system, with their work in the courts having particularly high visibility. Justice specialists work closely with corrections administrators and staff to

View the Video

www.va.gov/homeless/outreach.asp



LARRY MARCHIONDA

Transforming Veteran Recruitment

Veteran Employment Services Office leads hiring practice innovation.

Less than a year after its official launch, the Veteran Employment Services Office is setting new standards in Veteran recruitment and hiring, not only at VA but across the federal government and private sector. Led by Director Mary M. Santiago, VESO has developed a series of new tools and resources under the VA for Vets initiative that has resulted in significant accomplishments and accolades for the Department in the area of Veteran employment.

VA for Vets provides a “high-tech” and “high touch” approach to recruiting, hiring and reintegrating Veterans into civilian careers. Its suite of online tools facilitates Veteran career readiness. VA for Vets offers the most advanced integrated military skills translator and career assessment tool available in the federal sector. It also includes a resume builder and

search engine.

Through VA for Vets and an online Career Center, Veterans are able to translate their skills into a resume that puts them in a better position to compete for jobs. In addition to the online tools, VESO offers certified career coaches who are available to provide hands-on assistance to Veterans in their search for employment opportunities. VESO also offers coaches in the areas of deployment and reintegration. Coaches are located in three new Call Centers in Virginia, Pennsylvania and Louisiana.

These tools and resources are directly responsible for increasing the number of new Veteran hires and supporting them through the transition to the civilian workplace.

Veteran Hiring Fairs

Advocating the use of Veterans’ preference and special hiring authori-

ties, VESO has hosted a series of nationwide hiring events, which have ranged in attendance from a few hundred to more than 8,000 Veteran job seekers. The hiring fairs offer career readiness training and one-on-one coaching consultations that focus on resume building, interview techniques, and using the VA for Vets Career Center. Hundreds of public and private sector employers are onsite to meet with Veteran candidates, accept applications, schedule interviews and extend tentative offers of employment.

Most recently, VESO hosted the VA for Vets Hiring Fair in Detroit, in conjunction with the National Veterans Small Business Conference and Open House. More than 8,000 Veterans attended the three-day event, more than 5,500 interviews were conducted, and approximately 1,300 tentative job offers were extended.

Thanks to VESO's leadership, thousands of Veterans have been prepared for and joined the civilian workforce at these hiring fairs.

Todd W. Bendler, a Marine Corps Veteran, was amazed at the response he got handing out his resume at the Detroit Hiring Fair. "I got three on-the-spot interviews and I got three callbacks," he said. "Never before have I received so much feedback from a resume. I ended up taking a job at a huge company doing exactly what I have wanted to do since high school.

"I will be forever grateful to the VA, the Veteran Employment Ser-

vices Office team and my career coach for the services they provide to Veterans like me. I only hope that one day I will be able to help a fellow Veteran in the same way."

"The VA for Vets Hiring Fair is not like many of the job fairs participants have seen before," Santiago said. "We have a fast-track model where a Veteran can build a targeted resume, apply for a position, potentially secure an interview and possibly leave with a tentative job offer by the end of the day."

Not only is VESO able to host hiring fairs where hundreds and

sometimes thousands of Veterans walk away with tentative offers, the organization also continues to provide outstanding customer service to hiring managers on a day-to-day basis. Through the use of the special hiring authorities, VESO has been providing hiring managers with qualified Veterans to fill jobs in less than 25 days.

Noted Steve Keller, acting chairman of the Board of Veterans' Appeals: "Since the start of this year, the Board has hired over 14 new employees through VESO, and we have been extremely pleased with the process and the candidates we have gained

"The VA for Vets Hiring Fair is not like many of the job fairs participants have seen before. We have a fast-track model where a Veteran can build a targeted resume, apply for a position, potentially secure an interview and possibly leave with a tentative job offer by the end of the day."



Opposite: Veterans line up to check in at the Detroit Hiring Fair; above: VESO Director Mary M. Santiago speaks to team members at the Detroit Hiring Fair.

from the program. VESO allows us to directly help the Veterans we are here to serve.

“With the delegated authority to hire Veterans set to take place in October, VESO will be able to more quickly serve Veterans and staff offices through the hiring process. We look forward to working with VESO for future Veteran hires.”

Veteran Onboarding Program

Joining the civilian workforce represents a major cultural change for Veterans, and research shows that successful onboarding programs go a long way toward retaining employees in the workforce. Recognizing the need to retain a high-performing workforce of Veterans serving Veterans, VESO has developed an onboarding program just for new Veteran and military service member employees, so they get the support they need to successfully become productive within their new VA work unit.

The program includes step-by-step guidance for supervisors, and is intended to complement existing orientation and onboarding programs that facilities may already have established. To learn more, visit: www.vaforvets.va.gov/employees/veteranprograms/veteransonboarding.

Mentorship Opportunities

Working with a mentor who understands the Veteran experience can help ensure a seamless transition into the work environment. To help foster these support networks across

VA, VESO has created the Veterans As Mentors program. The VAMs initiative complements the onboarding program.

Acknowledging that longtime Veteran employees can serve as mentors and offer guidance to new Veteran hires, VAMs fosters a supportive working environment and strong Veteran connections across VA. Learn more about VAMs at www.vaforvets.va.gov/employees/veteranprograms/veteransonboarding/pages/veterans-as-mentors.

VESO is expanding the VAMs program to include a partnership with the Business and Professional

mentoring program. This program offers broad career mentorship opportunities and guidance for women who have served in the military.

According to BPW Foundation Chief Executive Officer Deborah L. Frett, “Joining Forces for Women Veterans and Military Spouses Mentoring Plus is honored and excited to have the opportunity to partner with VESO to assist our women Veterans and military/Veteran spouses move into successful, rewarding careers. VESO’s outreach to external organizations and the leveraging of resources beyond the government is critical to successful outcomes for all Veterans. This is an



One-on-one coaching sessions were available to Veterans at the Detroit Hiring Fair; career coaches are among the VA for Vets program’s “high touch” services.

Women’s Foundation to ensure that women Veteran employees have the resources and support they need to build meaningful careers at VA. The BPW Foundation is a strong advocate for women Veterans and has demonstrated its commitment through the Joining Forces Mentoring Plus initia-

important model for future programs.”

For more information, visit www.joiningforcesmentoringplus.org.

Civilian Credentialing

One of the barriers to Veterans securing civilian employment is the lack of credentials or certifications

Going Federal-Wide

Office of Personnel Management Director John Berry has been a strong supporter of VA for Vets. As vice chairman of the President's Veteran Employment Council, which is co-chaired by Secretary Shinseki, Berry was part of the group that selected the VA for Vets program as the recipient of the Council's Leadership Excellence Award. The success of VA for Vets has led to plans for implementing the program across government.

Said Berry of VA for Vets at a Senate hearing: "I think [it is] an amazingly powerful IT tool, and shame on us if we can't spread it across the government. This is an example of people working together, getting the most use out of every tax dollar, and producing a solid result. It's how the government should work."

To learn more about VESO and its flagship initiative, VA for Vets, visit www.VAforVets.VA.gov.



ROBERT TURTEL

OPM Director John Berry, right, and Under Secretary for Benefits Allison Hickey get a briefing from Richard Ivy, of the Veterans Benefits Administration, at the Detroit Hiring Fair.

despite having extensive military experience in the fields for which the credentials are required. VESO is supporting new programs that will provide job credentialing for service members leaving the military. Once they have secured the proper civilian credentials, Veterans are better positioned to find the jobs that fit their skills and experience.

VESO has partnered with the Veterans Health Administration on a one-year pilot program that offers intermediate care technician positions to separating or recently separated medics, med techs and corpsmen. ICTs will perform technical health care procedures under the supervision of emergency department physicians. VHA will leverage VESO's expertise in special hiring authorities to fill ICT positions in 15 medical centers across the country. VHA will also implement VESO's Veteran onboarding and mentorship programs to ensure

smooth transitions for new employees. Learn more about the ICT program at www.vaforvets.va.gov/veterans/resources/pages/intermediate-care-technician.

VESO is working closely with the Departments of Transportation and Labor to help Veterans convert their military training and job specialty skills to careers in the transportation industry. This effort will enable Veterans to transfer their military certifications directly to the equivalent civilian certifications and licenses.

Recognition

Since VESO was established in August 2011 and VA for Vets launched on Veterans Day 2011, the office has received several awards recognizing the groundbreaking work they are doing to lead the way in Veteran employment. The list of honors includes the following:

■ Human Capital Management for

Defense Award for Most Innovative Recruitment Program and for Best Implementation of an Enterprise Technology System;

■ Web Marketing Association Award for Best Employment Online Video, Best Government Online Video and Best Government Online Ad;

■ 2012 Telly Award for Best Recruitment Video;

■ Human Resources Association of Greater Washington Leadership Award;

■ Third Annual Causey Award for Human Resource Excellence; and

■ Council on Veteran Employment Leadership Excellence Award.

"Our organization is constantly evolving to serve talented Veterans and the employers who want to hire them," Santiago said. "By establishing new programs and seeking partnerships with like-minded organizations, VESO will continue to advance our mission." **VA**

"I think an AIDS-free generation is possible—but we all must work together to make it a reality," says Maggie Czarnogorski, M.D., director of VA's National HIV Program.



VA's Fight Against AIDS

CDC

During the early days of the AIDS epidemic, a 25-year-old Veteran diagnosed with HIV infection might have months or even weeks to live. The disease was almost always fatal.

Today, with early diagnosis and treatment, that Veteran can live a normal lifespan.

No, there isn't a cure or even a vaccine to prevent HIV infection that leads to AIDS. But there is an arsenal of new, powerful tools to fight AIDS available to Veterans.

VA is the largest single provider of health care to people living with HIV, serving more than 25,000 HIV-infected Veterans in the United States. Acquired immunodeficiency syndrome was first reported in the U.S. in 1981, and the Veterans Health Administration admitted its first AIDS patient in 1983.

VA established a formal reporting system for AIDS cases and one of the first AIDS inpatient units in the U.S. in the 1980s, with more than 2,000 cases in its health care facilities by 1987. To date, VA has provided care

for more than 64,000 Veterans with HIV infection.

19th International AIDS Conference

VA researchers, policymakers and advocates joined more than 20,000 others attending the 2012 International AIDS Conference in Washington, D.C., July 22-27, with the theme of "Turning the Tide Together." Many believe an "AIDS-free generation" is within reach, meaning no babies being born infected, fewer young people getting infected, and people

living with HIV taking antiretroviral drugs and not spreading the virus or getting AIDS.

“Yes, I think an AIDS-free generation is possible—but we all must work together to make it a reality,” said Maggie Czarnogorski, M.D., a board-certified infectious disease specialist and director of VA’s National HIV Program.

In addition to more than a dozen presentations of papers by VA staff members, the Department’s special session at the AIDS conference, “Improving HIV Outcomes Using the Electronic Health Record (EHR): Case Study: HIV and Aging,” focused on how electronic health records, a clinical case registry, and computerized reminders to providers continue to improve VA’s diagnosis and treatment of Veterans with HIV infection. Two out of three new HIV-positive diagnoses are in Veterans over the age of 50—giving VA considerable experience with the issue of HIV and aging.

VHA’s Public Health office also staffed a conference booth, featuring the newly designed website (www.publichealth.va.gov), a video of HIV-positive Veterans talking about their experiences, and various brochures and posters encouraging routine HIV testing. About 1,300 people stopped by the booth, more than half of them from Africa, said Lorenzo McFarland, VA’s AIDS program manager.

McFarland said he’s impressed with the progress in Africa he heard about. “It’s much better there than it was five to 10 years ago, when the

real priority was, ‘Let’s keep people from dying.’ Now they’re talking more about prevention and getting access to affordable medication.”

Staying the Course on AIDS Prevention

VA has remained at the forefront in policy and practice, and its commitment to outstanding HIV/AIDS care is reflected in the numbers. VA identifies about 2,000 new HIV-positive Veterans every year, and more than 96 percent of them are linked to health care and 91 percent are on antiretroviral therapy. Why is this important? People diagnosed and treated early can live healthier, longer lives with less risk of spreading the virus to sexual partners.

Most people don’t know that HIV treatment doubles as prevention. Antiretroviral therapy decreases HIV viral load to undetectable levels in the body and lowers the chances of transmission.

In VHA, almost all of the 28 currently available Food and Drug Administration-approved antiretroviral medications are on the VA National Formulary, a list of prescription drugs covered by VA; the other drugs are available through non-formulary requests. Besides access to medication, there are no waiting lists or restrictions on the number of laboratory tests ordered.

“We provide better HIV care than anywhere else,” said Czarnogorski, adding a strong endorsement: “VA can and should be a model for how to provide HIV care in the U.S.

and in the world.”

A major hurdle for VA had been getting Veterans tested for HIV, until policy changes and new targeted practices helped double the number of Veterans ever tested from 9.2 percent to 20 percent between 2009 and 2011. VA was able to promote widespread HIV testing to all Veterans and eliminate written informed consent. Still, only 20 percent of all Veterans have been tested, and Czarnogorski wants the number closer to 100 percent.

Her four goals for VA’s HIV/AIDS program are: 1) All Veterans who want HIV testing will get it; 2) There will be “zero” new infections by 2017; 3) Veterans in cities and rural areas will receive the same, high-quality care from VA; and 4) Comorbidities (such as mental illness, homelessness, drug and alcohol abuse, and poverty) among HIV-positive Veterans will be addressed as part of the total care.

Ongoing VA initiatives to help achieve the goals include collaboration with VA’s homeless Veteran programs to expand outreach to these Veterans and improve access to HIV testing and linkage to care; collaboration with VA’s Specialty Care Services office to develop telehealth and teleconsultation programs for Veterans with HIV living in rural areas; and development of a “warm line” to provide real-time clinical consultation for VA clinicians who are less experienced with diagnosis and treatment of HIV. VA continues to work with other government agencies to carry out the President’s National HIV/

As the largest single provider of health care to people living with HIV, the Department is a model for how to provide care in the United States and around the world.

VA participants at the 2012 International AIDS Conference, which brings together professionals in the field of HIV research, policymakers, people living with HIV/AIDS and others committed to ending the pandemic. Left to right: Office of Public Health employees Dr. Lorenzo McFarland, James Halloran, Michael Williams, Dr. Maggie Czarnogorski, Lori Ann Bossard, Arnesha Williams, Matthew Goetz and Dana Christofferson.



AIDS Strategy.

VA's National HIV Program is housed in the Public Health office and coordinates national policies and procedures for diagnosing, treating and caring for patients with HIV. The HIV/AIDS medical budget for fiscal year 2011 was about \$850 million.

All 152 VA medical centers provide care to Veterans living with HIV, and Veterans have access to all FDA-

approved antiretroviral medications. HIV care is becoming more integrated with primary care in VA. The Public Health office maintains a thorough communications and education program through its website for Veterans, the public and clinicians (www.hiv.va.gov).

Central Strategy to Prevent AIDS

Worldwide, the disease has claimed more than 30 million lives, and 34 million people today are infected with HIV. Without a cure or vaccine, testing and early treatment has become the central strategy to prevent the spread of the virus.

There's still a long way to go to end the epidemic. Currently, for every person who starts treatment, two more are becoming infected. Studies show that treating HIV right away rather than when someone is sick lowers the patient's chances of spreading the virus by 96 percent.

Another recent tool in the arsenal to fight AIDS is Truvada, a drug FDA recently approved as a daily AIDS medicine for use by healthy people to lower the risk of infection

from a sexual partner. Coupled with the use of condoms, this drug can be a part of a comprehensive approach to HIV prevention.

So how do we get to an AIDS-free generation and eventually to a "world without AIDS?"

The U.S. is moving ahead on three major initiatives: treatment as prevention; ending mother-to-child transmission; and promoting voluntary adult male circumcision, known to reduce the risk of female-to-male transmission by up to 60 percent, said Secretary of State Hillary Clinton in her speech at the conference.

The challenge to develop a cure or vaccine is as compelling as ever. The astonishing mutation rate (sudden, random change in genes) of the virus and how quickly it attaches itself to immune system cells to destroy the body's natural defenses confounds the best scientific minds. Yet we won't get close to a world without AIDS, according to Czarnogorski, until there is a cure, a vaccine, or no new HIV infections. **VA**

By JoAnn Blake

Veterans With HIV in VA Care in 2011

- Number of Veterans in care in 2011 was 25,271
- Average age is 54 years
- Oldest is over 80 years
- 97 percent male
- 48 percent African American
- 40 percent white

In Pursuit of Organizational Excellence

Who was Robert W. Carey, and why is VA's version of the Malcolm Baldrige National Quality Award named for him?

The Carey Trophy is awarded annually.



EMERSON SANDERS

To understand how we can better serve Veterans, it's helpful to understand the history of today's processes as we continuously improve for the future. Performance improvement methodologies throughout VA are aligned with a valuable, yet seemingly little-known program—the Robert W. Carey Awards Program for Organizational Excellence.

Continued interest, participation, and most importantly, awareness, are needed to keep this 20-year-old program viable. Based on the federal government's Malcolm Baldrige National Quality Award, which was created by Congress to "identify and role-model businesses, establish criteria for evaluating improvement efforts and disseminate and share best practices," the Carey Award uses the same criteria and has the same goals.

I got involved in the Carey Awards Program as an examiner in 2010. I soon discovered that although Carey's name was mentioned often, I knew little about the award's namesake. I learned there was a scarcity of historical infor-

mation in VA about the late director of the Philadelphia VA Regional Office and Insurance Center. While I found multiple references touting Carey as a "VA quality leader" and "a champion for excellence in the federal government," there was no other information about his accomplishments.

From a 1990 obituary that I found online, I learned that Carey had a daughter. I immediately felt a kinship with her, having also lost my father at a young age to heart attack. I thought if I could connect with her, I could learn more about her father.

Through the magic of search engines, I found a neuroscientist by the name of Megan Carey in Portugal. Her bio mentioned that she was a native of Philadelphia. I contacted her, asking if she knew Robert W. Carey, not really expecting a response. To my surprise, she responded that she was the daughter of the very Robert W. Carey I was searching for. And she was willing to answer my questions as well as provide names of others who might be willing to

share their memories.

Robert “Bob” William Carey was born in November 1945 in the small coal-mining town of Girardville, Pa. The previously booming industry began its decline in the 1950s, around the same time that Carey’s father died, leaving his mother to raise four small children on her own.

“If it wasn’t for Social Security,” Carey had told his daughter, “we really would have had nothing.” He could have allowed his circumstances to hold him back; instead, his life experiences exemplified the American Dream. Megan explained: “My dad definitely never forgot that it was Social Security and a state school that enabled his success.”

Although he considered a career in labor management, he was passionate about helping Veterans and sought employment at VA after having been drafted during the Vietnam War. His number never came up to go overseas, but he was ready to go if called.

Carey and his siblings rose above their circumstances, with all four graduating from college and pursuing careers in public service. But his hardscrabble upbringing was something he never forgot, and it gave him a passion to serve others. Realizing how close his own family came to not surviving, he made it his life’s calling to pay back the assistance he had been given by improving the lives of others.

He used lyrics from Bruce Springsteen’s “Born in the U.S.A.” to help explain his roots and the importance of his mission to his daughter. Megan remembered her father being particu-

larly moved by the line in the song, “Went down to see my VA man, he said, ‘Son, don’t you understand ...’” and that set him on a path to make things better for Veterans and their families.

“He was an extraordinarily charismatic man,” Megan said. “He had a bright spark, was always the life of the party, the center of attention. He really had a remarkable way with people. He had a politician’s ability to make everyone he met feel special.”

After being appointed the youngest-ever director of the Philadelphia VAROIC, Carey recognized that by making employees’ lives better, he could also help make Veterans’ lives better. “I’d have to say the accomplishments he was proudest of were opening a daycare center and a fit-

ness center there,” Megan said. “As a consummate ‘people person,’ it really mattered to him to have improved the quality of life of those who worked for him.” Both centers are still there, still benefiting large numbers of employees.

He gave back in other ways, too. After receiving a cash award for high performance, he donated it to his facility to create an Employee Assistance Fund. Posthumously, the fund was renamed the Bob Carey Employee Assistance Fund, and to this day continues to provide financial assistance in emergencies to employees of the VAROIC.

Once he took note of how well it worked in other industries, Carey began developing a quality improvement program with others in his facility, recognizing that “there was a lot

of room for improvement in the quality of services that we provide to Veterans and beneficiaries,” according to Megan. Out of this work rose what has become the Robert W. Carey Awards Program for Organizational Excellence.

I visited the place where it all began—the Philadelphia VAROIC. Stephen Wurtz is the deputy assistant director for insurance there, and John Scott McAllister is a senior staff member who has also been a Baldrige examiner. Both are longtime employees who worked with Carey. They had many insights to offer about the history of the award and how the Carey legacy is kept alive at his home facility.

They used terms like “gregarious” and “modest” to describe Carey’s personality. People were drawn to him and he enjoyed life, but he did



Those who knew Bob Carey (above center and top right) say he had a way with people and devoted himself to improving the lives of others.

not boast about his accomplishments. Wurtz and McAllister also noted that he had a strong work ethic from his small-town upbringing.

Wurtz and McAllister both played roles in the establishment of the program. Wurtz attended a two-week “Productivity Improvement” seminar sponsored by the Office of Management and Budget, where he was exposed to concepts such as “Continuous Improvement,” “Speaking with Facts” and learning what the “customer” actually wanted. When he returned to the office and reported to Carey what he had learned, Carey was immediately interested.

Shortly thereafter, Carey asked Wurtz and McAllister to gather as much material as possible on what they initially heard as “Duran Duran.” Somewhat puzzled as to why the director was so interested in the popular music group, a bit more questioning brought them to a Dr. Joseph Juran, who had made a name for himself developing quality management principles (now the foundations of the modern Six Sigma and Lean processes.)

After doing more research and making a few more refinements, McAllister presented his findings to top management and interest began to blossom. Carey became convinced that he wanted to implement the Total Quality Management principles at his facility and presented them to his superiors in Washington, D.C.

The grassroots momentum increased as “homegrown” instructors worked on spreading the word beyond the facility region-wide and then nationwide until approximately 75 percent of Veterans Benefits Administration facilities received the training.

The earliest incarnation of the program was built on a model based on what was done by Qualtec in the mid-1980s for Florida Power and Light. It provided four fundamental principles to explain “Why we do what we do”: Customer Satisfaction, Respect for People, Speaking with Facts and Continuous Improvement.

A fact-based approach was employed, operating on the principle that tackling tasks project-by-project was how you got things done. It wasn’t always easy. McAllister recalled giving a presentation on statistical quality control programs to Juran himself, who had been brought in as a consultant.

Feeling confident as he wrapped up his talk, he was shocked to hear how much room there was for improvement. But focusing on how to “operationalize business principles” into work at the Insurance Center became a priority. And from that point on, the facility hasn’t looked back in its quest for continuous improvement.

The tenets of total quality improvement instilled during the time Carey was director are fully meshed with the culture at the Philadelphia VAROIC. Forward thinking is still important there. For example, the organization was the first VBA business line to implement a paperless workflow environment.

Beyond that, Carey established certain traditions that continue at the facility. Staff members at all levels of the organization ask, “Did you PDCA (Plan-Do-Check-Act) it?” Wurtz and other senior leaders meet with new employees as part of the orientation process, taking time to solicit and answer their questions and then take that feedback to improve processes.

A newsletter, *Vet Gazette*, was created for improved communication flow. PAL (Purpose-Agenda-Limit)—a systemized process for meetings and conference calls—was developed. The notions of “speaking with facts” and using a “line of sight” when working on a project, and incorporating measures on the balanced scorecard into performance evaluations, continue to endure. And, of course, there are the weekly softball games between teams comprised of employees from throughout the office.

A collaborative culture with all stakeholders is also part of the reason that interest and involvement in the

program has been sustained. Additionally, many of the leaders at the Insurance Center are longtime employees; some have worked together for more than 30 years. Newer Insurance Center employees are assured that they are joining an organization with a reputation for quality, which has been recognized with numerous awards, including two Carey trophies (1992, the first year of the program, and 2002).

All employees are encouraged to get involved with the Carey award application and examiner training processes. In fact, the Insurance Center submitted an application to the program again this year. Director Vincent Markey and Wurtz personally led that effort. The quest for continuous improvement at the facility is ongoing, and new projects and practices are always in process.

Bob Carey’s dedication to both Veterans and those who serve them lives on as all facilities strive for continuous quality improvement. Organizations are refining their cycles of learning in part through PDCA or Plan-Do-Study-Act (PDSA) projects as well as feedback received in Carey applications.

Even small efforts to improve can pay tribute to the heritage of Carey and many others. Consider how the work begun by a few is now impacting so many to bring about efficiency and effectiveness.

Since the Carey program is open to all VA employees, think about becoming involved in the future. Share the work that is being done to energize others to become an impetus for change. Encourage your facility to submit an application. Find out more about how to become an examiner. Raise awareness of the opportunity in your facility.

Positive change can start with one idea. These experiences can help you grow in so many ways, and could even help create a legacy at your own facility. **VA**

By *Christa J.H. Holland*

GIS: A True Road Map for the Future

Cost savings, increased efficiency and better decision-making are just a few of the benefits of this tool.

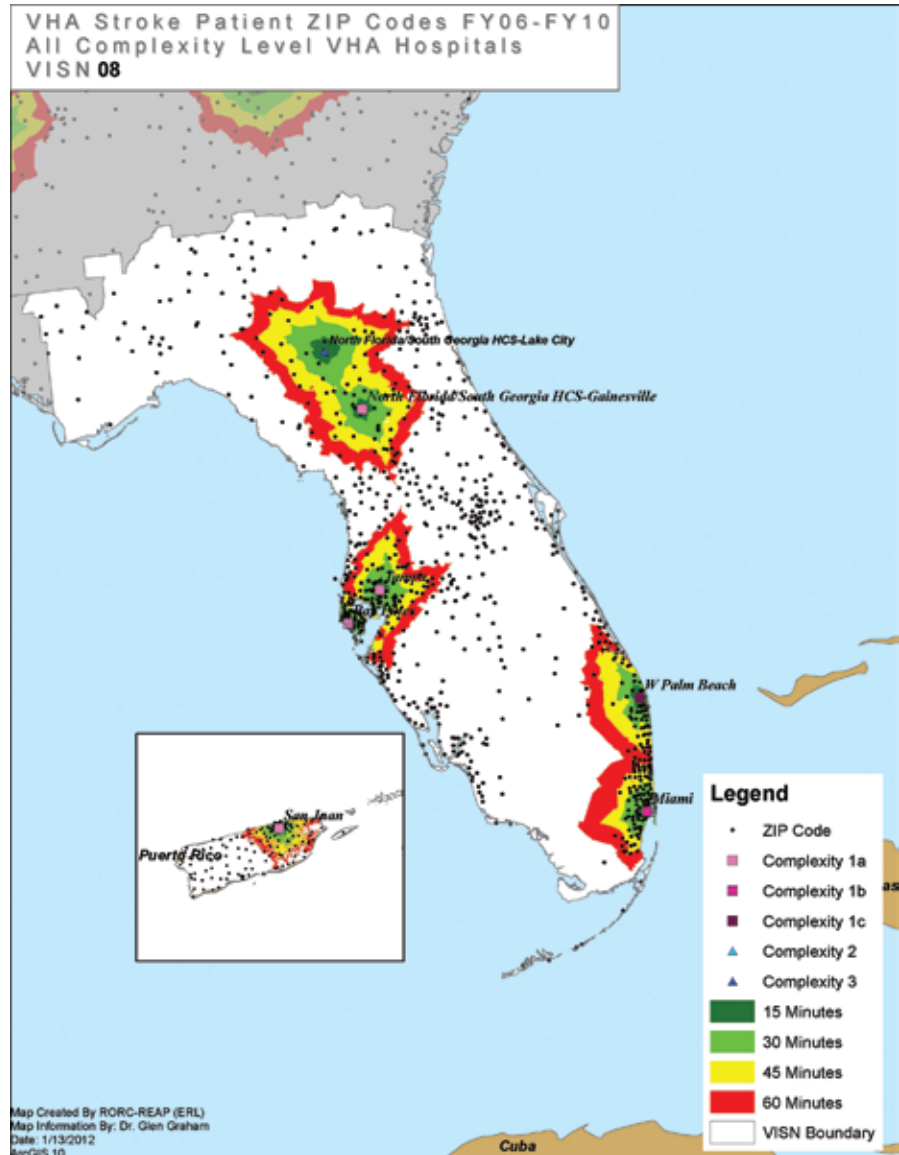
Chances are, most people are familiar with the phrase “road map for the future,” having heard it in a meeting, a political ad, or read it in an organization’s five- or 10-year plan.

In VA, that proverbial map is a reality and is proving to be invaluable now and well into the future. It’s called Geographical Information Systems, which in its simplest form is a tool that overlays data on a map to provide a visual representation of the data so it can be easily understood.

While GIS may be an unfamiliar term, in today’s world just about everyone has been touched by at least one of its many uses.

When we do something as simple as flip on a light switch, we’re using an electric grid that is constantly monitored for use and distribution patterns with a GIS system. Every 10 years, when we submit our household information to the Census Bureau, our information is coded into GIS layers and used to analyze and predict changes in population and demographics. When we use Google Maps or MapQuest, or get directions to a new restaurant from a smartphone, we are tapping into the power of a GIS system.

VA’s Office of Information and Technology Service Delivery and Engineering Business Intelligence Service Line recently implemented the second generation VA Enterprise Geospatial Business Intelligence Service Line, or GeoBISL. VA Enterprise GIS, or eGIS, is a complete system that integrates VA data with information about space and time to help visualize and analyze how location may relate to data results.



GIS overlays data on a map, offering a visual representation that can be easily understood.

The common tools, technologies and data stored within the system will promote community partnerships and teamwork and allow for enterprise-wide collaborations. One such tool is GeoPortal, which will feature a user-friendly interface to help users

discover and access the data, tools and products embedded in the system. Additionally, a single integrated security model will enhance the security of data across the spectrum of products and services that eGIS offers.

GeoBISL supports VA’s mission

by providing spatial and predictive analysis as geographic information. Services include two- or three-dimensional representations, analyses of drive times and facility access, and imagery and change detection for building and site planning. They also offer a full spectrum of cartographic services and enterprise GIS data for population.

To make mission-critical decisions, VA managers need immediate access to the best available data, and in today's interconnected world, that data needs to include information on time and space relationships that can reveal patterns of where and when that would otherwise remain hidden in any non-spatial data review.

The fact is, whether we are studying disease transmission vectors, locations and populations of homeless Veterans, placement of rural health clinics and access points or patterns of terrorist attacks, location matters. Only by considering an array of data that includes geospatial information can VA managers make effective decisions on the multitude of issues they confront every day.

Michael Villeneuve, VA GIS manager, gave a hypothetical example to show how GIS could help VA leaders better deal with emergency situations. "Imagine a major hurricane suddenly threatening to hit the Eastern Seaboard of the United States. VA patients, employees and their families up and down the coast would be in jeopardy, and leadership would need to know where and when the storm would make landfall, and what VA medical centers and clinics would be in its path," he explained.

"As the storm progressed, an effective emergency response would require VA leaders to know quickly and precisely where vulnerable VA facilities, populations and resources were located to protect them or move them out of harm's way."

This scenario shows just one of the many uses of GIS. A GIS is a system for capturing, storing, analyz-

ing, managing and presenting data that includes spatial information such as size, shape and location on earth. Information about location and physical attributes are added to a GIS map in layers that can be added or taken away depending on how data needs to be viewed and analyzed.

Following this scenario, GIS would immediately allow VA decision makers to understand the extent of the damage and identify locations where people could be trapped, injured, or require medical support and rescue. It would also help them locate any damaged facilities that are essential to sustaining health care services and government operations and to decide what nearby resources could be used to continue essential services or aid in evacuation, rescue and support.

GIS could also be used to track wildfires, floods, heat waves, disease spread, patient populations, homeless Veterans and mortality rates, but its functions go far beyond mere tracking. For instance, GIS is being used to map Veteran demographics for new outpatient clinics.

As Allen Suh, health system specialist in strategic planning with the Greater Los Angeles VA Healthcare System, said, "It will show where our current users are and where potential future users would be, allowing us to pick the optimal location for a new outpatient clinic and ensure Veterans will have easy access."


GIS is also being used in various studies to assess the health and rehabilitation of VA patients. According to Eric Litt, deputy director with VA's Rehabilitation Outcomes Research Center in Gainesville Fla., "In one study we identified stroke patients across the country and have measured how far rural Veterans have to travel to get to a stroke treatment facility."

Using GIS has the potential to improve the efficiency of many VA operations. Lorie Obal, health information specialist in Home-Based Primary Care at the Greater Los Angeles VA Healthcare System, gave an

example. "By doing an assessment of the needs of Veterans and mapping where they live, we can access the geographic issues affecting our delivery of care. We can then determine how to more effectively provide care opportunities and treat more Veterans without increasing staff."

GIS is even being used to reduce crime and vehicle accidents in parking lots at the Loma Linda (Calif.) VA Medical Center. Drew Nelson, health system specialist intern, explained, "With GIS, we found that certain areas in our parking lots were more prone to accidents and break-ins depending on time of day and day of the week, so we changed our police routes and set up security cameras, reducing crime and accidents in these areas."

GIS will take VA to a new level of data performance, with geography recognized as integral to gaining a full understanding of issues and to developing solutions in the delivery of health care, benefits and services to America's veterans. The common set of tools and infrastructure now being put in place with the GeoBISL will allow managers immediate access to the information currently stored in VA's Corporate Data Warehouse, with one important addition. Each piece of information—every Veteran, disability or disease occurrence, and every facility, clinic, property, asset, incident or event—will include a specific location and geography.

The use of GIS will mark the dawning of location intelligence in VA, vastly improving its ability to look at the where in the story of its operations and management. This location intelligence will give VA new opportunities to make improvements in its delivery of health care, benefits and services to America's Veterans. For more information, visit vawww.dwh.cdwr.portal.va.gov/Regions/gis/GISExecutive/SitePages/Home.aspx. 

By Daniel M. Gnatz, Kenneth Abbott and Michael Villeneuve

Model for the Future

VA prepares for future disasters with construction of the new medical center in New Orleans.

VA is currently building a 21st-century, world-class medical center for the Veterans of southeast Louisiana to replace the old hospital destroyed in the flooding that occurred after Hurricane Katrina in 2005. Located in the emerging biomedical district next to downtown New Orleans, the new VA medical center is a model not only for health care of the future, but also for resilience in an emergency.

Southeast Louisiana Veterans Health Care System, the local VA health care provider, planned for the future by building adaptability and flexibility into the facility's design. This allows the Southeast Louisiana VA to provide the right care at the right time to Veterans—even those who may not be born yet.

VA has a full array of missions, including providing health care to America's heroes, education, research and national preparedness. In the event of a disaster, VA can be called on to provide health care to both civilians and Veterans.

The number one lesson the Southeast Louisiana VA learned from Hurricane Katrina is that self-sufficiency in disasters is paramount. Just as New Orleans was ill-prepared for a disaster of that magnitude—basic services like water, power and transportation failed—the physical plant of the old medical center was ill-equipped to withstand the flooding.

To avoid the infrastructure failures experienced at the old hospital,

the new medical center was designed “upside-down.” Functions typically found in the basement of major facilities, such as the kitchen, server room and primary utility distribution, will be located on the fourth level. All mission-critical services, such as the emergency room, are located at least 20 feet above base flood elevation.

“The VA medical center is one-of-a-kind among health care facilities,” said Doug Parris, NBBJ partner and Studio NOVA lead designer. “Everything about the design reflects the unique opportunities and challenges of its location in the city of New Orleans.”

And if the city infrastructure does fail, the new medical center can continue to function independently. The new medical center has a seven-day defend-in-place strategy for up to 1,000 people.

The central energy plant stores 320,000 gallons of fuel—enough to provide full power to the medical center for one full week. The medical center has the capacity to collect

and store more than a million gallons of rainwater on-site to help maintain operation of the cooling systems and reduce the dependence on city water. Additionally, a 6,000-square-foot warehouse is located on-site to store emergency supplies like food and water.

The adaptability and flexibility of the design is especially important during a natural or manmade disaster. Patient rooms in the new medical center are designed to be singles, but are large enough to hold two patients if necessary. Everything is doubled at the headwall, such as oxygen, vacuum, and power, allowing for multiple patients to use the same space as necessary.

“We built redundancy into the VA medical center,” said Parris, “to ensure that Veterans can be cared for without interruption, no matter the circumstances. This is an extremely flexible, adaptable, resilient facility.”

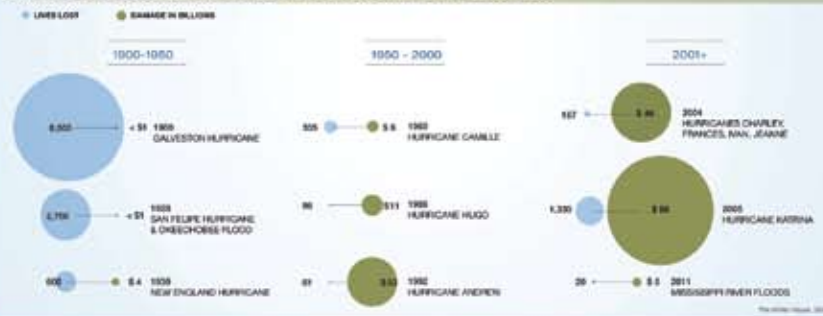
One of VA's four missions is to provide support in the event of a federal emergency or natural disaster.

SAFE AND SOUND

A Health Care Facility that Weathers the Storm

Rain or shine, hospitals are an essential community resource. The design of the Southeast Louisiana Veterans Health Care System Replacement Medical Center ensures patients can receive treatment even in the midst of natural disasters like hurricanes or floods. Learn how the building's architecture supports hospital staff as they care for America's Veterans and the people of New Orleans in their time of need.

SNAPSHOT OF DESTRUCTIVE NATURAL DISASTERS IN THE UNITED STATES



IMPACT NATURAL DISASTERS HAVE ON THE ECONOMY AND HEALTH CARE OPERATIONS



THE NEXT GENERATION OF SMARTER AND SAFER HEALTH CARE



The 7 day "defend in place" capability allows the campus perimeter to be secured and the facility to remain fully operable during severe natural disasters, providing accommodations and provisions for up to 1,000 staff and patients. Read about the features that make it possible below.



FULLY STOCKED WAREHOUSE
A 6,000-SF warehouse located on-site stores emergency supplies, including food and water.



SELF-SUFFICIENT POWER
The central energy plant stores 320,000 gallons of fuel, enough to provide full power for one week, and the refill pump is located in a waterproof enclosure above the 500-year flood line.



ROOM TO GROW
All single-occupancy rooms can be temporarily converted to double-occupancy in order to accommodate a potential increase in patients due to an emergency.



FLOOD OPERATIONAL
Mission-critical components, including the emergency department, are located at least 21 feet above base flood elevation.



HURRICANE READY
The building envelope is constructed of glass, metal and concrete that can withstand Category 3 storms.



ENERGY EFFICIENT, EVEN IN CRISIS
Rooftops connected to a 1 million+ gallon rainwater storage tank maintain operation of cooling systems and reduce use of city water.



HELICOPTER ACCESSIBILITY
A helicopter landing area on top of the parking garage accommodates Blackhawk-class helicopters to transport patients.



BOAT ACCESSIBILITY
The ramp to the emergency department extends up to the facility's second floor, doubling as a boat dock in the event of flooding.



"UP-SIDE-DOWN" HOSPITAL
Primary utility distribution, which connects the hospital to the city power grid, is located on the fourth level to avoid flood damage.

Left: Adaptability and flexibility were built into the design of the new medical center.

“Hurricane Katrina ravaged the Gulf Coast and left the New Orleans VA health care system in ruins. What we’re building today ensures care for Veterans in the future.”

The new medical center ensures patients can receive treatment even in the midst of disaster, and the building's architecture will support the staff as they treat Veterans and the community as necessary.

The windows will be able to withstand at least Category 3 hurricane winds and meet federal blast standards. The central concourse provides for safe and protected indoor pedestrian travel from building to building, and the medical center will be accessible by both helicopter and boat.

Located on a 30-acre site in the historic Mid-City neighborhood, the campus strives to blend into the neighborhood but maintains a fully securable perimeter in the event of civil unrest or national emergency.

The replacement medical center in New Orleans will be one of the most advanced in the VA system, setting standards in patient-centered care. It will house comprehensive primary and specialty care clinics alongside state-of-the-art rehabilitation and research facilities and will serve more than 70,000 enrolled Veterans throughout the region.

“Hurricane Katrina ravaged the Gulf Coast and left the New Orleans VA health care system in ruins,” said Southeast Louisiana VA Director Julie Catellier. “What we’re building today ensures care for Veterans in the future.” **VA**

Olympic Dreams

VA researcher and Olympic medalist Natalie Dell gets a hearty welcome home.

Veterans, volunteers and staffers at the Bedford (Mass.) VA Medical Center recently welcomed home Natalie Dell, a project manager for health services research who won a bronze medal during this summer's London Olympics as a member of a four-woman sculls rowing team.

Dell's eyes filled with tears when VA employee and Navy Veteran Kevin Dougherty sang "The Star-Spangled Banner" during a brief cer-

emony in front of the medical center on Aug. 23.

"I had never heard our national anthem as an Olympic athlete," Dell explained following the ceremony.

Wearing a white Olympic shirt, a navy blue skirt and her medal around her neck, Dell thanked the VA community that supported her in her efforts to compete in the Olympics.

"This is my medal and it's also your medal," she told the audience. "It was my Olympic dream and it's your

Olympic dream. It was my experience and it's also your experience."

The 27-year-old medal winner noted that the support of her VA colleagues was "rivaled only by my mom and dad." She thanked VA management for allowing her to work part-time once she was selected to train at the Olympic rowing training center in Princeton, N.J. "Somehow, everyone made it work," she said.

Dell works for the Bedford-based Center for Health Quality, Outcomes

VA researcher and Olympic champion Natalie Dell leans in close to allow Veteran Larry Carpenter and Nurse Manager Susan Byrne to get a good look at the bronze medal she won during the London Olympics. Dell was a member of a four-woman sculls rowing team.



KRISTIN PRESSLY



Natalie Dell signs autographs for colleagues and Veterans at the Welcome Home celebration held in her honor at the Bedford (Mass.) VA Medical Center.

and Economic Research, one of several centers nationwide funded by VA's Health Services Research and Development Service.

She recently worked with principal investigator Dr. Rani Elwy on a study of depression care for VA primary care patients. She is now working with Elwy on a study of the impact of a meditative technique called mantram repetition for Veterans with post-traumatic stress disorder, in conjunction with Dr. Jill Bormann in San Diego.

Initially a full-time employee at the center, she would begin her days at 4 a.m., with two or three hours of training, followed by eight hours of work and another three hours of training in the evening. As her Olympic training intensified, she switched to part-time and telecommuted.

"We have world-class health care, world-class research, and now, a world-class athlete," Christine Croteau, acting director of the Bedford VA, said during the welcome home ceremony. "Natalie embodies the

core values VA stands for: Integrity, Commitment, Advocacy, Respect and Excellence."

"Natalie appeals to Veterans of all ages and conflicts because of her tenacity and commitment to excellence, unwavering drive to accomplish the mission before her, and deep commitment to serving those who served, our Veterans," added VA New England Healthcare System (VISN 1) Director Michael Mayo-Smith.

"She took the experiences of our Veterans for inspiration in her life and in her work."

Following the welcome home festivities, Dell visited hospitalized Veterans who were unable to leave their rooms to attend the event.

As she moved through the halls, cheers rose up, followed by exclamations of, "That's her, Natalie, the Olympian!" Two Veterans unable to contain their excitement were seen high-fiving each other and sharing how wonderful it was that they could meet Dell in person.

"It was overwhelming," said Vet-

eran Fernando Maldonado-Garcia after meeting Dell. "I was so proud of her, working with us and taking time to represent the United States. It was amazing."

"It was refreshing to have someone like her, an ambassador of the United States, an Olympian, here for us," said Veteran Michael Masse.

Dell was also honored at VA headquarters after her return from the Games. She met with Secretary Eric K. Shinseki and Under Secretary for Health Dr. Robert Petzel.

Dell was selected to participate in the London 2012 Olympics based on coaches' evaluations, national competition results and training camp performance. She joined VA in 2009 after completing a master's degree in public health at Boston University.

"I come in contact with Veterans every day," Dell said. "When they talk to me about what they've done for their country, out there on the front lines, I'm in awe of them." VA

By Kristin Pressly

VA's hospice volunteer program is modeled after No One Dies Alone, a national end-of-life concept.



Helping Veterans on Their Final Journey

JOAQUIM ALVES GASPAR

Volunteers give dying patients comfort and dignity in their last hours.

Rhonda Ruhnow has a routine when she enters the room of a dying patient at the VA Illiana Health Care System in Danville, Ill.

"I sit down and softly whisper a prayer, asking for guidance and peace for them," she said. The retired nurse reads from the Bible or a novel, while soft music and soothing images play on the TV's C.A.R.E. channel. The lights are dimmed. "Sometimes, I just talk to them."

She'll stay for eight, 10 or 12 hours, saying, "If they're almost home, you don't want to leave them. You can tell when it's close."

Morgan Morris, 17, goes through a similar routine when she visits a patient.

Although it's difficult to see someone take his final journey, she said, "I know they're comforted. I would want someone with me."

Ruhnow and Morris are two of the volunteers with the No One Dies Alone program at the VA. About 18 people are enlisted with the program, but only five or so are active, said Karie Jo Drollinger, coordinator.

More volunteers are needed.

"They're able to give the greatest gift—dignity in death. I appreciate them very much," Drollinger said of

the volunteers, whom she described as angels. "This program would not be possible without their gifts of unselfishness."

No One Dies Alone is a national program that VA Illiana adopted in January 2011. Volunteers sit with patients on the palliative care unit, offering companionship and comfort to those who don't have family or whose relatives aren't available.

At 17, Morris is one of the youngest volunteers, along with her friend, Taylor Nobbe, 17. They are seniors at Bismarck-Henning High School.

Morris said she has done a lot of volunteering elsewhere, and she and

Nobbe decided to check out possibilities at the VA. They expected to be doing crafts or transportation services.

When Teresa Ard, chief of Voluntary Service, sent the girls to Drollinger, Morris recalled thinking: "What did we sign ourselves up for?"

They decided to try it anyway, and went through the training.

Morris has been with the program for less than a year, and has sat with eight or 10 Veterans during that time.

"I usually read to them or will sit there and hold their hand so they know I'm there," she said. If the Veteran is responsive, they might have a conversation.

She usually stays for six hours, from 6 p.m. to midnight. She takes breaks when the nurse comes into the room. It can get tiring, but the time goes quickly when she's reading, she said.

The experience can be sad at times, she said, although no one has died in her presence.

"I'd rather be there with them," she said. "If not ... it's sad if no one is with them."

Morris is active in cross-country, cheerleading and clubs, but she finds time to volunteer at the VA because it's so important. Her mother, Dot Morris, is a registered nurse at the VA and her father, Dave Morris, is retired from the Navy.

Ruhnnow has been with the program since it started, and has comforted 15 to 20 Veterans.

She had been a nurse manager at the VA, and transferred to the palliative care unit as a registered nurse. She retired in 2010 after 25 years.

Drollinger, who used to work for Ruhnnow, called and asked the retired

nurse if she'd be interested in volunteering.

"Veterans are a very important part of my life," Ruhnnow said. Three stepsons have been in the Marines (one is in Afghanistan now); her brother and one of her sons served in the Air Force; and a niece is a major in the Air Force.

"They're heroes," she said of Veterans. "Look what they've done for us. It's a small price to pay to spend time with them and let them know you care. It lets them know they're respected."

People get wrapped up in their own lives and forget about the men

than me."

The ideal situation, Drollinger said, is to have volunteers on standby to cover 24 hours. The patients on the 15-bed palliative care unit are terminally ill and have been diagnosed as having six months or less to live. Volunteers with No One Dies Alone are called in when a doctor determines a patient might have 24 to 72 hours left.

When the family is present, volunteers usually aren't called in.

When a Veteran dies, the staff sets up a personalized tribute—including flags, candles, a Bible and some item that belonged to the person—for

24 hours. A flag is draped over the bed, and roses decorate the windows. It's a comforting scene for family members.

"Families appreciate the memorial," Drollinger said. "They see the honor we're trying to portray and it touches them."

When the Veteran's body is taken out on a flag-covered gurney, other Veterans will salute or put their hand on their hearts. It's touching to see the men and

women stop in the hallways and give a final salute, Ruhnnow said. **VA**



Volunteers Rhonda Ruhnnow (left) and Morgan Morris look over a memorial similar to one that would be set up when a Veteran dies.

and women who protect the country, she added.

Although she's seen a lot in her nursing career, Ruhnnow said she has cried at times, and has to regroup when she goes home. "It brings my own mortality into view," she said.

Both Ruhnnow and Morris noted that the program is not for everybody.

"I think it's a wonderful opportunity," Ruhnnow said. "It gives purpose to my life."

"If you can handle it, you should," Morris said, adding more volunteers are needed. "It makes me feel good because I'm doing it more for them

Reprinted with permission from the Danville (Ill.) Commercial News

Editor's Note: VA's hospice volunteer program, No Veteran Dies Alone, is modeled after No One Dies Alone, a national end-of-life concept launched in 2002 at Sacred Heart Medical Center in Eugene, Ore. For more information or to find out how to volunteer, call the Volunteer Services Office at your nearest VA medical center.

Long Overdue POW Medal Awarded to Iran Hostage

“I could feel the gun pressed to my head and I heard the click when it was cocked. I was thinking, ‘I am going to die tied to this chair, blindfolded.’”

Standing at a podium 33 years after that ordeal, Air Force Veteran James O’Neal Hughes faced it again.

“I lost something that day,” he said. “I don’t know what it was, but I never got it back.”

Hughes, better known as O’Neal, has been a constant presence at Fort Logan National Cemetery in Denver for more than 17 years. He is a staff assistant, sometime public affairs officer, and general “go-to guy,” according to his supervisor, cemetery director Joseph Turnbach.

O’Neal is also, said Turnbach, “a very private person.” And that’s probably why few in his circle knew that he received a Prisoner of War Medal in the mail just a few months ago. His plan was to take it home and add it to his collection of accolades and recognition he received over his long military career.

The story behind his receiving the medal began Nov. 4, 1979, in Tehran, Iran.

O’Neal was assigned to the American embassy as an administrative manager while tensions between the United States and Iran escalated. The Shah’s power was challenged and social unrest broke out.

Religious extremists and students stormed the embassy after finding out the Shah was allowed to enter the U.S. to receive medical treatment. O’Neal was one of the 66 hostages.

“In captivity, [we endured] beatings and fear of bodily harm,” said O’Neal. “[We were] threatened with trial and execution.”

The prisoners were constantly bound, tied at the hands and feet to either chairs or the floor, sleeping whenever they got the chance. The only release from the bonds came when someone had to use the bathroom. Many were forced to live out their own mock executions, some even hearing the empty gun click as it was held to their heads.

O’Neal was in one of the first groups to be released. He and other African Americans and women were released early because Iran’s ruler, Ayatollah Khomeini, believed they were part of groups that were oppressed in U.S. society.

He spent 16 days in captivity, but years remembering.

O’Neal rarely talks about his time in Tehran, but he mentioned to a handful of friends and co-workers that he had received his POW medal; it had been delayed by administrative issues. They encouraged O’Neal to have the medal officially presented at a ceremony. After realizing his friends and co-workers were not going to back down on their idea, he reluctantly agreed to a small ceremony.

“We thought we were going to have this in front of our administration building with just 20 or 30 people around,” said Turnbach during the ceremony, “but as you can see, this thing has grown.”

On Aug. 22, more than 100 people turned out to watch Maj. Gen. H. Michael Edwards, adjutant general of Colorado, officially award the POW medal to retired Master Sgt. James O’Neal Hughes.

Edwards condemned the attack on the U.S. embassy in 1979 and remarked that it was the beginning of radicalism in the Middle East.

He also thanked O’Neal for continuing his military service after the hostage crisis, noting that many would have left. O’Neal’s demonstrated dedication to serve, Edwards added, is fundamental to the nation’s military success and a core attribute of the men and women in uniform.

“I sat on the fence a long time before deciding to do this,” said O’Neal.

He spoke briefly about his time in Tehran. He warned the crowd he might get choked up, and he did. His wife left her seat to offer support. After making a few emotional statements about being blindfolded and beaten, he concluded with, “And that’s all I have to say about that.”

If you ever find yourself at Fort Logan National Cemetery, you are likely to see O’Neal there, smiling with co-workers or standing with head bowed, honoring another fallen brother or sister. Go up to him, shake his hand and ask him about the latest happenings at Fort Logan.

But he won’t tell you about Tehran or his POW medal, so don’t bother asking. And that’s all he has to say about that. **VA**



Fort Logan National Cemetery employee James O’Neal Hughes with his long-delayed medal.

By Shaun Shenk

World War II Veteran Awarded Highest French Honor

Shortly after completing his training as an Army Air Corps radio operator and gunner, World War II Veteran Herbert Stapleton Stewart arrived in France unheralded in 1945. Nearly 70 years later, the French government bestowed upon Stewart its highest award—the Legion of Honor—at France’s consulate in Atlanta on June 29.

Pascal Le Deunff, the French Consul-General in Atlanta, presented the award at an intimate ceremony with Stewart’s friends and family present. “It’s just a sign of our gratitude,” Le Deunff said. “All the young Americans who came to fight at that time are heroes, and we need to recognize them.”

Stewart, 87, said that while he appreciated the personal recognition, his greatest satisfaction comes from his family. “I’ve always felt that I was fortunate to have five wonderful children. They have always been so caring and giving. I could not be more proud of them and they continue to inspire me each and every day.”

Family members who attended the ceremony said they feel the same way about Stewart, describing him as an extraordinary man who has lived a remarkable life. “There are people who just let random circumstances direct their lives, and then there are those that face life, explore and learn as much as they can, and try to experience all the possibilities within their reach,” said Stewart’s daughter-in-law Kathy Stewart. “Herb is such a man.”

Stewart’s daughter Jill Gossett added, “Those who fought in war for our country have an amazing will to accomplish anything they put their minds to, and that is exactly how my father has lived his life. It is a sense of strength and determination that I have witnessed for as long as I can remember.”

At the age of 18, Stewart volunteered for the Army Air Corps because he wanted to “help save the world.” He served from 1943 to 1945 in the 391st Bomb Group, 575th Bomb Squadron. He began his military career training to be a pilot but was informed that no

additional pilots were needed. As a result, he opted to specialize in communications and gunnery, and trained in St. Louis before deploying to Europe during World War II. Stewart served as a radio operator, gunner and navigator.

He flew 22 missions over France and Germany in a B-26 Marauder and trained with his pilot in the A-26 Invader. One of the missions was aborted when a tire blew during landing, requiring the crew to jump to safety.

Stewart believes that is when he sustained a back injury. He credits the Atlanta VA Medical Center for helping him with his recovery. “I believe that this VA is one of the very best in the United States because of the high professionalism of the entire staff who serve Veterans.”

While in the military, Stewart attended events put on by the St. Louis Symphony Orchestra and listened to the Glenn Miller American Band of the Allied Expeditionary Forces in Europe. He also became friends with American playwright and novelist William Inge, who wrote “Come Back, Little Sheba.”

Following his military service, Stewart earned a bachelor’s degree in communications at Ohio State University and worked in the television industry from 1949 to 1977 with Music Corporation of America, or MCA. He also helped build one of the first public television stations in the United States—WTVN in Columbus, Ohio—and two of the first private television stations in Canada, first as a consultant and then as general manager and vice president.

Stewart’s time in France did not end with World War II. Later in life he attended the Cannes Film Festival as the president of MCA Canada and was the guest of Alfred Hitchcock on board his yacht.

He was married for 64 years to Carmalita Stewart, who died last December. Together they had five children (Jill, Jan, Lisa, Mark and Blair), eight grandchildren, and four great-grandchildren. Two of his children and one of his grandchildren were present for the award—a good example of how nice guys do finish first. **VA**



Pascal Le Deunff, French Consul-General in Atlanta, presents the Legion of Honor to World War II Veteran Herbert Stewart.

ANN HAMILTON

Employees Honored for Environmentally Friendly Initiatives

VA employees around the nation are taking the lead to create an environmentally friendly workplace outside their typical day-to-day duties, whether it's recycling cardboard boxes, collecting plastic bottles, shutting down desktop computers, or VA Chief of Staff John Gingrich's favorite: printing on both sides of the paper.

Eleven "go greeners" were recognized for their efforts on Aug. 9 at the 2012 Green Routine Awards ceremony, held in the G.V. "Sonny" Montgomery conference room at VA Central Office in Washington, D.C.

Going green is certainly nothing new to VA. Three years ago, VA Secretary Eric K. Shinseki announced the "Green Routine" initiative during Energy Awareness Month in October as a way to raise awareness of environmentally friendly practices.

Since then, the Department has implemented many innovative green solutions. "VA is leading the way in a lot of areas," said Gingrich. "The Green Routine initiative encourages all VA employees to get involved."

VA's Senior Sustainability Officer James M. Sullivan welcomed the 2012 winners, staff and guests as they gathered in the room. "All the awards we bestow today demonstrate that VA staff in all organizations and all kinds of roles are not only environmentally aware, but are actively working to find creative solutions to make a greener workplace," Sullivan said in his opening remarks.

The Department honored the Green Routine winners, along with winners of the Sustainability Achievement Awards, which recognize prac-



EMERSON SANDERS

Above: VA Chief of Staff John Gingrich, left, presented two Sustainability Achievement Awards to a team of National Cemetery Administration employees including Program (Crypt) Specialist Andrew Walters, center, and Under Secretary for Memorial Affairs Steve Muro (right); right: the Green Routine Awards program encourages all employees to get involved in VA's efforts to go green.

tices in five categories: energy efficiency; green purchasing; sustainable design; water conservation; and waste minimization/pollution prevention.

Two employees from the VA New Jersey Health Care System's Lyons campus, Barry Walters and Josh Dorsey, found a way to offer an affordable and environmentally friendly commuting option for their fellow employees. Six years ago, workers were complaining about the rising costs of gas and car insurance. That's when Walters and nine of his fellow union members decided to sign a petition in



EMERSON SANDERS

support of bringing transportation assistance to the Lyons campus.

Walters, who works in program support at the Lyons campus, was left in charge after half of the other union members retired, while the rest took employment opportunities elsewhere.

"I was the last one left on that list and I didn't know who to turn to for guidance," said Walters. "There are some individuals I do want to recog-

nize: President of AFGE Local 1012 Sharon Lake; Dolores Carpenter; Kenneth Mizrach; Shirley Ferrara; Donald Chambers; and the late Hugh D. Smith."

After months of obstacles, Walters managed to pioneer a vanpool program funded by TransitChek, a federal program that uses pre-tax dollars to pay for the vehicles, as well as insurance and upkeep. Many facility employees now commute using one of the

program's 25 vanpools.

A team from the San Diego VA Health Care System was honored for their composting program. The San Diego winners initiated this pilot project back in April 2011 to reduce the facility's ecological footprint.

Prior to implementation, two San Diego VA employees—Marco Lopez and Marlon Thomas—enrolled in a six-week "Master Composting" training course at the city of Chula Vista's Nature Center to teach other employees at the facility how to achieve a beautiful garden with synthetic pesticides and fertilizers.

Nine months later, the onsite composting program was able to dispense six tons of recycled food waste and more than 20 cubic yards of organic compost to the facility's landscape, rose garden and wellness garden. The facility has eight

ris wasn't able to make it to the awards ceremony, but his environmental stewardship was recognized after he discovered an innovative formula to melt snow and ice. Heavy snowfall and slippery sidewalks are common at his northeastern Pennsylvania facility.

He managed to reduce damage to the environment and infrastructure using a salt treatment additive more effective than just plain rock salt. After thorough research, he found a substance called Magic Minus Zero™, an EPA-certified and biodegradable liquid that when applied to rock salt, reduces corrosion, drops the minimum effective temperature, melts ice fast, and is not harmful to plants. Parris was able to treat the facility's 70 tons of rock salt with the substance, saving him and the Wilkes-Barre VAMC money, time and labor.

coordinator Christopher Beattie, they were able to implement this recycling program on all floors of the building. After a month of initial staff training, a total of 56 blue bags were recycled from the operating room. By the end of last year, Hines VA Hospital recycled more than 1 million pounds of single stream recycling in approximately 90 blue bins.

The Hines VA team was able to promote their green initiatives on TV screens around the lobbies. "We even handed out bags of popcorn to employees as they signed a Green Routine Pledge," said May. The Green Routine Pledge is a promise to get all VA facilities to take action. Facilities are able to customize their pledge drive depending on the focus of their efforts and goals and can have their choice of an electronic drive or

metrics, and photographs of their efforts had to be submitted for critique.

Over the past four years, VA has awarded contracts for 65 solar projects, with an estimated total generation of power of more than 8 million kilowatts. The Department has also set a goal to award \$160 million in performance-based energy projects by 2013.

During his keynote speech, Gingrich noted that 17 percent of VA's square footage is now sustainable, up 4 percent from last year, and more than 250 of VA's buildings are running green. In addition, six sites are currently installing reusable fuels in centered energy plants that combine efficient heat and energy. Twenty-six of 116 plug-in electric cars were also purchased from the General Services Administration's Electric Vehicle Pilot Program to be placed in Detroit, San Francisco, Los Angeles, and D.C. metropolitan area VA facilities.

With more than 300,000 VA employees, most working in medical centers, Gingrich said the Department should look for ways not only to provide better care for Veterans, but also to take better care of the environment.

"It's not just to save money," he said. "Remember, even the smallest actions can make our environment a healthier place to live."

Interested in starting a green team at your VA facility? For more information about VA's Green Routine and to view the rest of the 2012 Green Routine and Sustainability Achievement award winners, visit www.va.gov/greenroutine.

By Catherine Llamido

More Information
www.va.gov/greenroutine

"VA staff in all organizations and all kinds of roles are actively working to find creative solutions to make a greener workplace."

composting bins that contain a variety of scraps, including green waste, particularly raw peels of fruits and vegetables, and brown waste, which is comprised of paper shreds and coffee grounds. A fleshy "worm hotel" also provided the gardens with a natural organic fertilizer, keeping the soil extra rich and moist.

Next year, the San Diego VA is expanding their efforts to offer a therapeutic garden where Veterans can participate in composting activities and free certification training as part of the health care system's transition assistance program.

Another Green Routine award winner was Kevin Parris, motor pool and grounds supervisor at the Wilkes-Barre (Pa.) VA Medical Center. Par-

At the Edward Hines, Jr. VA Hospital, a team led by operating room nurse Marcia May was honored for their recycling program. "It's a lot of work," said May. "You have to keep tabs, incorporate metrics, get positive feedback and keep your project sustainable."

Back in fall 2009, VA ophthalmologist Dr. Anuradha Khanna introduced her kids at the Hines VA with a green idea to commingle paper products, plastics and metals into one bin without separating them. "Sheena and Rajan [Khanna] presented to us the benefits of single stream recycling," May said.

May and her teammates in the OR liked the idea, and with help from student volunteers and Hines VA GEMS

a three-pledge-per-page run on cover-weight recycled paper.

"The project started out in the operating room, and we wanted to push on getting the rest of the facility on board," said May. The team is striving to reach 2.5 million pounds of single stream recycling at all the clinical buildings campus-wide by the end of fiscal year 2013.

Nominations for the Green Routine awards were made in early spring based on demonstrated excellence in incorporating energy efficient and environmentally sustainable performance in the workplace prior to fiscal year 2012. Individuals or team members had to be current VA employees at that time, and supporting documents,

IT Performance Dashboard Up and Running for Anytime Access

Everyone at VA has a mission to serve the nation's Veterans more effectively. Ensuring that information systems and processes are operating at peak performance is critical to achieving that mission.

The Office of Information and Technology provides IT services and support to the entire VA. One of OIT's objectives is to provide information about the performance of VA's systems and processes to employees.

To meet this objective, OIT was challenged to provide widely accessible IT performance and customer satisfaction data and analysis of the entire organization. This was the challenge OIT set out

data to help make informed staffing and budget decisions.

- Drill down to the network, system and device details of a particular region, Veterans Integrated Service Network, or facility, providing the ability to fine-tune facility-level IT performance.

- Compare performance and customer satisfaction metrics of different regions, VISNs or facilities across VA (www.itdashboard.cdww.portal.va.gov/pages/default.aspx).

The Dashboard Today

The IT Performance Dashboard is up and running today. It provides anytime access to a broad range of performance reports, from high-level

erans Health Administration, Veterans Benefits Administration and National Cemetery Administration; from the VA Corporate Data Warehouse, Corporate Data Center Operations and National Service Desk centers; and VA Central Office. The dashboard technology then analyzes all the collected data and presents the results in easy-to-read reports.

The initial version of the IT Performance Dashboard was unveiled this past July. The current version, offering nearly 50 unique reports, was released in late August.

Whether you're a facility chief information officer, medical professional, HR or financial specialist, or a VA

tor of a VA facility wants information on local IT performance—information she needs to report up to the regional director—that information is available with the click of a button. Or if a facility CIO wants to gauge staffing requirements based on IT performance, he can make a much more informed decision based on IT performance information a few mouse clicks away. Neither the medical director nor the facility CIO had this information before.

From a dollars and cents perspective, the new process has provided vast improvements in efficiency—particularly as it relates to the previous level of effort it took



The new dashboard offers the IT performance facts and figures you need for mission success.

to solve when it began the IT Performance Dashboard project. And that is precisely what the IT Performance Dashboard does today.

Log into the IT Performance Dashboard today, and you can:

- Examine customer satisfaction by comparing year-to-year American Customer Satisfaction Index reports, including specific drivers that impact the index.

- Track Service Level Requirements through detailed SLR and Service Level Agreement, or SLA, reports.

- Access performance metrics

business analysis to device-level details across VA or within your own region, VISN or facility. The IT Performance Dashboard provides measurements on availability, throughput, response time, SLA metrics, financial information and much more. You can view ready-made reports based on these measurements, or request custom reports any time, any way you need to see them.

As you might imagine, coordinating all this data is not easy. The IT Performance Executive Dashboard works by collecting data from across VA: from regions, VISNs and facilities throughout the Vet-

executive, the IT Performance Dashboard has the IT performance information you need.

Making a Difference

The IT Performance Dashboard provides an entirely new opportunity to enhance service by making metrics and data readily available to help in making informed decisions. The IT Performance Dashboard provides operational awareness and an objective basis for improvements across the entire organization, from VA headquarters to individual VA facilities.

What does this mean for you? It means if the direc-

to gather, analyze and disseminate IT performance information. In addition, the IT Performance Dashboard can be used to make more informed and efficient staffing, IT purchasing, SLA, and broader organizational decisions based on actual IT performance information that was simply not available before.

Regardless of your role in VA, the IT Performance Dashboard is your one trusted source for all VA IT performance information. The IT Performance Dashboard provides the IT performance facts and figures you need for mission success.

New Broadcasts Enhance Information Sharing for HR Professionals

1HR Connect! is a one-hour quarterly satellite broadcast and interactive information-sharing vehicle designed to bring targeted learning to human resources staff. Produced by the Office of Human Resources Management in conjunction with the VA Learning University and the Veterans Health Administration's Employee Education System, the broadcast was created to provide an additional avenue for information and best practice sharing among HR professionals. It also seeks to:

- Meet the continuing education needs and increase competency for the HR community.
- Transition HR professionals toward a consultative role in strategic transformation of human capital management.
- Produce a greater understanding of what is going on in the HR community.

To facilitate learning, the broadcast content is arranged into two main sections:

- A business challenge and a learning module. This content, presented by subject matter experts, correlates to an actual HR problem that needs solving or outlines a new process or initiative to advance the HR community. The content might explore the collaborative relationship between the HR professional and the hiring manager; the benefits of telework participation; or news related to HR professional development, workforce planning and wellness programs.
- A "Post-It Notes" segment. During this segment of the broadcast, participants are given the chance to ask questions, provide general feedback or offer suggestions for future broadcast topics and presentations.

The first 1HR Connect! live broadcast launched on March 7 and recorded a viewership of more than 500. Scheduled rebroadcasts, aired on the Content Distribution Network's Channel 2, recorded an additional 313 visits, and there was also an option to access the broadcast on demand via the CDN library or VALU's Talent Management System.

In addition to providing multiple viewing options, each medium allowed viewers to download PowerPoint slides and other materials presented during the live broadcast. An assessment tool is also available via TMS to measure participants' learning and return on investment to give HR leadership a mechanism for continuously improving the broadcast content and forum for each broadcast.

On June 5, OHRM launched the second live broadcast, which recorded a viewership of more than 600. The overarching theme for this broadcast was hiring flexibilities, and it included presentations by subject matter experts from the Veteran Employment Services Office, the Office of Diversity and Inclusion and OHRM on the benefits of leveraging special hiring authorities for Veterans, individuals with disabilities using Schedule A, and students under the new Pathways Program.

Additionally, as part of a new rebroadcast strategy to enhance targeted learning, viewers are now afforded the option of accessing and watching each topic presented separately. A snapshot of recorded viewership in July revealed there had been 103 visits to the CDN Library to view the Schedule A broadcast on

demand, 85 visits to view Student Hiring, 139 visits to view Veteran Hiring, and 382 visits to view the entire broadcast. Some 286 people had also accessed various segments of the broadcast via the OHRM website, and 81 people had viewed the broadcast via VALU's TMS.

1HR Connect! live broadcasts will air quarterly on the VA Knowledge Network. The broadcast scheduled for Sept. 26 focuses on Human Resources Information and the

new Human Resources Lines of Business, as well as Recruitment, Retention and Relocation (3Rs) incentives. Audio is offered through the Veterans Affairs National Telecommunications System (VANTS) line for those who cannot get near a computer or a television to watch.

To view the 1HR Connect! TV broadcast, visit vaww1.va.gov/ohrm/index.htm. If you have topic ideas or questions, email vahrconnect@va.gov.

Blue Button Reaches Milestone

Sometime during the month of August, the one-millionth patient registered for Blue Button to access and download their Personal Health Record information.

The Blue Button enables patients to assemble and download personal health information into a single, portable file that can be used inside a growing number of private health care electronic records—as well as those in VA, the Department of Defense, Centers for Medicare and Medicaid Services and private sector partners. The VA Blue Button Personal Health Record includes prescription history, the ability to review past appointments and medical history details, wellness reminders and emergency contact information.

Because it is Web-based, the information is available anywhere, any time. Its security measures are identical to those employed by retail websites that accept credit cards.

"VA believes that patients are hungry for their health information," said Peter Levin, VA's Chief Technology Of-

ficer. "Getting to one million registered users so quickly is a great validation for our team."

The Blue Button will see even wider use as more non-profit organizations and health care industry partners, such as Kaiser Permanente and Aetna, adopt it as an integral part of their customer health records. One of the most recent Blue Button partners is United-Health Group.

"We are just thrilled to see how Blue Button has expanded so quickly, both in the richness of its content as well as the number of institutions that have pledged to make their data available," said U.S. Chief Technology Officer Todd Park. He went on to say that Blue Button has become the model of data liberation throughout the federal government. "Data is the rocket fuel of job creation in the high-tech sector. Blue Button is just a terrific example of what people can do once we liberate their data—safely and privately—from our vaults."

For more information on the Blue Button initiative, visit www.va.gov/bluebutton.

John Givens

John Givens has served in the Navy for nearly 20 years, most of it as a reservist. Now, within a breath of his military retirement and working full-time at the Spokane (Wash.) VA Medical Center, this husband and father of two is accepting a new challenge that most would think twice about.

"I'm really excited," he said. "I finally received my first-ever deployment orders, just before I'm due my retirement papers."

Soon, Givens will leave his family and home in Post Falls, Idaho, for intensive training to prepare him for his duties overseas—in a war zone.

Givens will be part of a Surgical Team supporting a U.S. Army Forward Operating Base in Afghanistan.

"I'll probably get dropped off by an Army helicopter and not go outside the wire until I come home," he said. "It's not going to be a vacation, but I'm ready."

Givens will be working inside an Army Field Hospital, performing the same job he does for Veterans at the Spokane VA Medical Center every day. But the care and the severity of the injuries in Afghanistan will be dramatically different. Based on internal discussions and things he's been hearing from his peers in other military units, Givens is anticipating he could see some of the most horrific traumatic injuries imaginable.

"They say there's nothing that can prepare you for what you're going to see with war injuries—single, double and triple amputees, serious burns and high-caliber bullet wounds," he said.

But Givens, a man of unwavering faith, wants to go to the war zone and believes

it's the right time. He said as much while sitting in a surgical suite on the 8th floor of the Spokane VA Medical Center, smiling as he looked back on a career that has brought him to this point in his life. And he doesn't mind sharing his story.

While in his first year of college and struggling to pay the bills at Washington State University, a recruiter convinced him that hard work could earn him a degree and doing it for the Navy could get it paid for. All it would take would be a two-year commitment for every year of schooling he had left.

Five years on active duty went by quickly—he spent most of it as a nurse at Balboa Naval Hospital in San Diego. An eagerness to move on to medical school was then diverted toward a master's program for nurse anesthetists through Gonzaga University in Spokane. But again, there was a catch—an additional service commitment for every year it would take to finish his master's degree.

"The Navy has been good to me," Givens said. "I've had the blessings of two degrees, and a retirement awaits me because of the Navy (five years active duty and 15 as a reservist)."

This deployment could help earn Givens a Navy promotion to captain. Still only in his 40s, Givens has a career ahead of him with VA. "And in this season of my life," he said, "there's no better place to work."

"I can't explain the satisfaction I feel walking down the halls of our medical center, seeing and talking with proud Veterans willfully displaying their colors and openly sharing their military heritage.



Spokane VAMC Nurse Anesthetist John Givens is being called to active duty with the Navy in Afghanistan.

BRET BOWERS

You don't see that at other hospitals in the community. It makes me even more proud to be serving them."

Givens was the chief nurse anesthetist at Spokane's Valley General Hospital before accepting his new position at the Spokane VAMC two years ago.

"This is an absolutely fantastic place to be," he said. "I truly love coming to work and I love our mission. My teammates in the Operating Room, including the staff, support staff, and the amazing group of surgeons and outstanding doctors and nurses here, they're the best."

Givens added, "Spokane VA is assembling quite a group of all-star providers and that's great for Veterans."

"This may sound corny, but people should know almost half the staff here are Veterans themselves, and we get to be a part of giving back to other Veterans in their time of need—whether it's

physically, emotionally, psychologically, or maybe even spiritually, by providing them comfort when they're most anxious or vulnerable. Not everybody gets to do that kind of job every day."

When asked what he'll miss most while deployed to Afghanistan, Givens said the only reservation he has is losing time with his family. Even so, he's scheduled to return long before his youngest son Thatcher's high school graduation in 2014. Givens and wife Deb's oldest son, Gil, is just beginning his first year at the U.S. Naval Academy.

"I want to go serve on this deployment, do what I love doing, and come back to my family at home, and at the VA. Leadership and my colleagues are highly supportive and encouraging and that helps when it's already hard to leave my family. This was meant to be, and it's what I'm supposed to be doing."

By Bret Bowers

VA Looking for Better Ways to Diagnose and Treat PTSD

A consortium of psychologists, neurobiologists, psychiatrists and other scientists—including researchers with the Department of Veterans Affairs—is being formed to find a better way of diagnosing post-traumatic stress disorder.

“Veterans are affected at a higher rate than the rest of the population, but civilians who experience a traumatic event, such as a sexual or physical assault or a car accident, can also develop PTSD,” said Dr. Paula Schnurr, deputy executive director of VA’s National Center for PTSD in White River Junction, Vt.

The PTSD consortium intends to study both civilians and military personnel who have survived traumatic events in the recent past. “About 7 percent of trauma survivors in the United States eventually develop PTSD,” Schnurr said. “We want to enroll these people in our study before PTSD symptoms become apparent. That way, we can study how the disease unfolds, and in whom.”

The consortium will make use of brain imaging, genetic data and other information from study participants in an effort to discover certain patterns that can then be used

“How a person responds to trauma depends on the individual’s previous experiences, stress coping mechanisms, and social support, as well as their genetics and hormones,” he explained. “We now understand that all of these factors interact with the traumatic experience to leave its mark on the brain.”

“Our goal,” he continued, “is to identify quantitative biomarkers—like you get from a blood test, urine analysis, or MRI—in conjunction with psychological assessments to achieve an objective diagnosis of PTSD.”

Consortium member Dr. Jennifer Vasterling, a clinical investigator with VA’s National Center for PTSD and Boston University School of Medicine, and chief of psychology at the VA Boston Healthcare System, said the consortium’s long-term study might—at some point in the future—enable doctors to prevent PTSD symptoms from emerging in the first place.

“If you can look at biological features,” she said, “along with psychological features and social features, and see what differentiates those individuals who become symptomatic from those who



TOM CROKE

Dr. Jennifer Vasterling says the consortium’s long-term study might someday enable doctors to prevent PTSD symptoms from emerging in the first place.

“The Draper Initiative gives us an opportunity to put all that we know together,” said Dr. Ann Rasmusson,

conditions that accompany it, such as depression, substance abuse or cardiovascular disease. One person may not have the same biological vulnerability as another, even though their PTSD symptoms may be similar.

“So now,” she continued, “we need to take what we’ve learned about each of these systems from small studies, and sort out the pieces and combinations of pieces that affect PTSD risk in a very large study that includes people of all types. In the end, we are aiming for improved PTSD interventions tailored to the individual.”

“In the end, we are aiming for improved PTSD interventions tailored to the individual.”

- Dr. Ann Rasmusson, VA Boston Healthcare System

to diagnose PTSD early on and thus begin appropriate treatment sooner.

Dr. David Diamond, a member of the consortium who is a neuroscientist at the VA medical center in Tampa, Fla., as well as the University of South Florida, said every single case of PTSD is unique.

don’t, it gives you some idea where to go with preventative interventions.”

A nonprofit contract research and development organization in Cambridge, Mass.—Draper Labs—will collect and analyze the wealth of information provided by all the consortium members.

a psychiatrist and neuroendocrinologist at VA Boston and the Boston University School of Medicine. “So far, we’ve learned that there are several biological subsystems that vary among individuals and that can either contribute to or protect against the development of PTSD and

Loneliness Could Shorten Your Life, VA Study Suggests

Living to a healthy old age may not be in the cards for you if you feel isolated and cut off from family, friends and your community, according to VA research that finds lonely older adults are more likely to die sooner than their more socially active peers.

“Among nearly 45,000 individuals 45 and older either with, or at risk for, atherosclerosis, those living by themselves were at significantly higher risk for all-cause and cardiovascular mortality,” reported Dr. Deepak L. Bhatt, chief of cardiology at the VA Boston Healthcare System and professor of medicine at Harvard Medical School. (Atherosclerosis refers to plaque build-up and blood clot formation in arteries, the underlying cause of many types of heart attacks and strokes.)

“Psychosocial stresses brought on by loneliness,

including anxiety and depression, can boost heart risks,” he noted.

Bhatt is the senior author on the cardiac risk and loneliness analysis from the REACH study, a registry project involving 44,573 people in 44 countries. REACH stands for Reduction of Atherothrombosis for Continued Health.

“Our research found a 24 percent higher risk of dying for those who were between the ages of 45 and 65 and lived alone,” Bhatt said. “There was a 12 percent higher risk of dying for those between the ages of 66 and 80 who lived by themselves.”

Participants in the REACH study either had doctor-diagnosed cardiovascular disease or at least three risk factors for it. Researchers followed them for four years after they were recruited for the study. Nearly 8,600 individu-



Recent VA research indicates that people who feel lonely may be more susceptible to certain heart problems, and may be more likely to die sooner than their more socially active peers.

als in this cohort reported that they lived alone.

“Living alone was not a risk factor for mortality for those older than 80,” Bhatt observed. “But it remained significant for all-cause mortality in younger participants.

“The next step,” he said,

“is to look at ways to mitigate this risk. If physicians get into the habit of asking patients if they’re living alone, that might impact the care given.”

The REACH study was funded by Sanofi, Bristol-Myers Squibb, and the Waksman Foundation.

VA Study Shows That Yoga Improves Balance Following Stroke

A VA study published recently in the journal *Stroke* reveals that starting yoga—even long after you’ve suffered a stroke—may noticeably improve your balance.

“It’s an exciting thing,” said Dr. Arlene Schmid, a rehabilitation research scientist with the Richard L. Roudebush VA Medical Center and Indiana University in Indianapolis. “People—even older people—can improve their balance years after a stroke. They can change their brain and change their body. They’re not stuck with what they have.”

For the study, Schmid and her team recruited 47 stroke survivors who’d experienced a stroke more than six

months before. Seventy-five percent of these subjects were male Veterans—including some from World War II. Their average age was 63, and their average time since having a stroke was about four years.

Ten of the study subjects received no therapy, while the other 37 received a specialized, modified version of yoga developed by a yoga therapist and Schmid’s research team.

“At first, many of the Veterans were skeptical about the therapy,” Schmid admitted. “They told me, ‘Yoga is for girls, yoga is for hippies.’ After a couple of yoga sessions, though, and with a little encouragement from their wives and our research team, these guys came to appreciate yoga

and the impact it could have on their disabilities.

“It was initially a hard sell, but by the end they wanted more,” Schmid continued. “They practiced seated, standing, and floor-based exercises like the modified pigeon pose and the mountain pose, twice a week, over a period of eight weeks. We made sure the exercises gradually became more challenging as time went on. By the end, the yoga group was showing significant improvement in balance.

“The yoga practice also boosted their confidence, improved their sense of independence, and reduced their fear of falling,” she observed.

According to the VA study, nearly three-quarters of

all stroke survivors suffer from falls. Some of these falls can break bones, and some can even be fatal.

“In addition to physical harm, strokes can also contribute to depression,” Schmid noted. “Our study sends a very positive message about the ability of stroke survivors—especially older stroke survivors—to improve long after their first post-stroke year.”

Schmid said additional studies are needed to confirm yoga’s effectiveness, and she admitted that yoga therapy is not readily available all over the country yet.

“I used to live in Hawaii, where yoga is everywhere,” she said. “Here in the Midwest, it’s harder to come by.”



Saluting Old Glory

These five Southern Arizona VA Health Care System patients joined together each morning to stand at attention and salute the American flag as the National Anthem was played. They served in wars from Vietnam through Operation Enduring Freedom and Operation Iraqi Freedom and stood together as comrades-in-arms for this daily act of patriotism. They are (left to right): J.J. Garcia, Miguel A. Olivias Jr., Ollie Arviso, Marcus R. Dewey and Larry Shepard.

Ford Donates Infant Car Seats to Veteran Moms

The Ford Motor Company Fund kicked off its plan to donate \$5,000 worth of infant car seats to new and soon-to-be Veteran mothers enrolled at the VA San Diego Healthcare System with an Aug. 14 ceremony at the San Diego VA Medical Center. During the ceremony, about 25 mothers received car seats and small gift baskets.

“We would like to thank Ford Motor Company Fund for their generosity in donating these seats for women Veterans who are transitioning to a new chapter in their lives,” said Jennifer Roberts, women’s program manager for the VA San Diego Healthcare System. “We hope all expecting Veteran mothers will consider choosing VA when looking for health care.”

The VA San Diego Healthcare System serves close to 9,000 enrolled women Veterans, of which 1,409 are Operation Enduring Freedom/Iraqi Freedom Veterans. Currently, 95 women are seeking obstetrical care using VA benefits. The Ford Motor Company Fund is a private, non-operating foundation parented by Ford Motor Company. It awards charitable grants for educational, community, civic and cultural purposes.



Marine Corps Veteran Martha Martinez feeds 9-day-old Maryanne in her new car seat as VA San Diego Women’s Program Manager Jennifer Roberts looks on.

Advice Columnist Visits Canandaigua VA Veterans

On Aug. 2, Amy Dickinson, who writes “Ask Amy,” a syndicated advice column carried by more than 150 newspapers, visited with Veterans at American Legion Post 468 in Greece, N.Y., to share a “Dear Veteran” experience in real time.

The “Dear Veteran” experience is part of the Mobile Adult Day Health Care Program that brings VA services to Veterans in the five mostly rural counties served by the Canandaigua VA Medical Center. Veterans in the program read the daily column and offer their own solutions before reading Amy’s advice and comparing the two. Program Manager Nina Mottern told Dickinson about the “Dear Veteran” program, and Dickinson decided to visit the Veterans, getting their thoughts on how to respond to a reader’s concerns about military issues as well as their insights and perspectives on Veterans.

“Dear Veteran” is a small and fun part of the VA T21 Initiative (transformation of VA into a 21st-century organization). Through grant funding, VA brings much-needed services to rural Veterans with the support of a traveling team of care providers. This support allows Veterans to stay in their own homes longer with enhanced services to reduce the strain on their caregivers. For more information about this program, contact Mottern at 585-393-7514 or Nina.Mottern@va.gov.

VA Opens Clinic for Homeless Veterans in Chicago

In July, the Jesse Brown VA Medical Center in Chicago opened a Homeless Patient Aligned Care Team primary and urgent care clinic. “This is a walk-in clinic where homeless Veterans can see a doctor or nurse practitioner, without an appointment, to get the medical care they need,” said Luz Hein, chief of Social Work Service at the Chicago VA.

“Our clinic personnel can also help them begin the process of seeking permanent housing, and direct them to other resources as well. This is a comprehensive patient-centered approach to caring for and rehabilitating homeless Veterans,” she continued. “Our new clinic offers medical care and other services, such as case management, substance abuse treatment, community referrals, housing placement, triage and mental health services, to all homeless Veterans.” The clinic’s goal is to see that homeless Veterans receive the comprehensive care and services they need and to reduce barriers to health care delivery.



Kevin Barrett, a nurse practitioner at the Jesse Brown VA Medical Center in Chicago, meets with Veteran Alphonso Cox-Bey during a visit to the medical center’s newly opened Homeless Patient Aligned Care Team primary and urgent care clinic.

MIKE MOLINA

Mountain Home National Cemetery Employees Make Big Donation to Feds Feed Families

When the employees of Mountain Home (Tenn.) National Cemetery heard the National Cemetery Administration’s goal for the Feds Feed Families Food Drive was 1,217 pounds, they weren’t intimidated. In fact, they ended up donating 2,492 pounds of food, more than double the goal for all of NCA.

Their path to success began when Director Donnie Sisk promoted the food drive as an opportunity to help their community. The employees settled on a goal of 1,300 pounds. Then they set about deciding where they wanted to donate the food. Michael Cobb, a Compensated Work Therapy employee, shared his experiences as a homeless Veteran and told his colleagues how he’d personally benefited from the assistance he got from the local Salvation Army. The employees agreed that the Salvation Army Center of Hope would be the beneficiary of their efforts.

They learned just how worthwhile their efforts were when the folks from the Salvation Army came to pick up the food. They told the cemetery employees they had just made the largest single contribution of food in the history of the Center of Hope. Sisk said he was proud of, but not surprised by, the results achieved by his small staff. “I watch them pull together every day to accomplish our mission, and I’m just honored to be a part of their team.”



Mountain Home employees contributed more than twice the food drive goal for the entire National Cemetery Administration.

LAINIE HOWARD

New VA Medical Center Opens in Las Vegas

On Aug. 6, a dedication ceremony led by VA Secretary Eric K. Shinseki marked the official opening of the new Las Vegas VA Medical Center. The ceremony began a phased opening of the hospital that will continue through December.

The new medical center, VA’s first in 17 years, includes a state-of-the-art, 22-bed inpatient mental health unit that opened in August and provides specialized treatment programs for post-traumatic stress disorder, substance abuse, gambling addiction, general mental health, and other unique services. The new hospital will also contain 48 inpatient medical/surgical and 120 nursing home care beds; 23 dental exam chairs; 13 surgical, 14 radiology, and six audiometric sound suites; and a 268-seat food court.

A telehealth unit, with bidirectional just-in-time communication capability, will allow doctors to deliver specialized mental health and other services to outlying clinics. The new facility also meets the latest environmental standards, including using overhead solar panels to provide additional energy to the campus.

Tennessee Community Living Center Resident Becomes a Wii Bowling Wizard

As a newlywed working for the Army, teaching chemical, biological and nuclear warfare to soldiers, Jim Butz was enjoying the good life. Everything changed the day a drunk driver crossed several lanes of traffic and struck him head-on, propelling him through the windshield and nearly ending his life.

He was transported to the hospital with little chance of survival. His entire left leg had been crushed and his skull shattered, with pieces of it piercing through to the back optical portion of his brain. He was told that he had only a 5 percent chance of walking again and no chance of regaining his vision. Butz, however, had a different view of his future. He told himself that he was not going to be controlled by his injuries.

Butz continues to improve at the James H. Quillen VA Medical Center's Community Living Center in Mountain Home, Tenn. One of his favorite pastimes and personal therapies is Wii bowling, which challenges his vision and body movement. After months of the self-imposed training, Butz is a master Wii bowler, having bowled 23 straight perfect 300s. Rarely scoring less than 280, he is always willing to play or teach his fellow residents what he has learned about the game through his strength, perseverance and belief in himself.



Jim Butz is an inspiration to his fellow residents at the Community Living Center.

PAM ENSOR

New VA Mental Health Outpatient Clinic Opens in Reno

The Reno, Nev., VA Medical Center dedicated a new, 15,500-square-foot mental health clinic on Aug. 10. The \$7 million facility will serve about 5,000 unique Veterans each year and includes 40 clinical spaces for one-on-one counseling and three multi-purpose rooms for group therapy. The new clinic has an open design, intended to be less institutional than some mental health facilities, and will maximize use of natural light.

As part of a "green" resource management strategy, the building's heating and ventilation system will automatically shut down when the facility is not occupied. "This new building goes a long way toward improving access to care for our nation's heroes while enhancing Veteran-centered care and reducing the government's carbon footprint," said Under Secretary for Health Dr. Robert A. Petzel. To learn more about the new mental health clinic at the Reno VA Medical Center, visit www.reno.va.gov.



VA's new mental health clinic in Reno, Nev.

DARIN FARR

VA, DoD Release Mobile App for PTSD

The Department of Veterans Affairs and the Department of Defense released a mobile application in August to provide support to Veterans and service members who are engaged in Prolonged Exposure therapy for post-traumatic stress disorder. The no-cost app—called Prolonged Exposure Coach, or PE Coach—was designed by psychologists at VA's National Center for PTSD and the Defense Department's National Center for Telehealth and Technology.

"The PE Coach is a treatment companion app that helps a patient, and the patient's therapist, work through the PE treatment," explained Dr. Paula Schnurr, deputy executive director of VA's National Center for PTSD in White River Junction, Vt. "Its specific function is to help patients complete all the required elements of their therapy in between their clinical sessions."

The app, available for iOS and Android mobile devices, enables patients to record therapy sessions for playback between appointments; obtain an explanation of PTSD, PE therapy and therapy assignments; and take notes. To learn more about the new mobile PTSD PE Coach app, visit www.ptsd.va.gov/public/pages/pecoach_mobileapp-public.asp.

VA-HUD Team Honored for Progress to End Veteran Homelessness

Four VA employees who were part of a unique Department of Veterans Affairs-Department of Housing and Urban Development federal team won the prestigious Samuel J. Heyman Service to America Citizen Services Medal for their contributions to the fight to end homelessness among Veterans.

Leading the VA section of the team was Susan A. Angell, Ph.D., executive director of VA's homeless Veterans initiative. Other VA team members were Lisa Pape, Pete Dougherty and Vince Kane. The HUD team was led by Acting Assistant Secretary Mark Johnston and included Laure Rawson and Ann Oliva. The two departments were cited for a program that combines HUD vouchers for Veterans to rent privately-owned housing with VA case management services including health care, mental health treatment, vocational assistance and job development.

The awards program, also known as the "Sammies," is sponsored annually by the Partnership for Public Service to honor outstanding federal employees whose contributions are critical to the health, safety and well-being of Americans. Each year, VA provides health care to almost 150,000 homeless Veterans and other services to more than 112,000 Veterans through its specialized homeless programs. The award was presented at a ceremony in Washington, D.C., on Sept. 13.



VA's Susan Angell, Ph.D., and HUD's Mark Johnston led a federal team that won a prestigious Service to America award.

Paralympic Medalist Joins Presidential Delegation

Veteran Larry T. Hughes of Baltimore joined the Presidential delegation to the 2012 London Paralympic Games, which followed the Olympic Games this summer. Hughes is no stranger to the Paralympics, having won a gold medal in the discus event at the 1996 Atlanta Paralympic Games. He is also the United States and national record holder in the discus, javelin and shot put events, and most recently participated in the National Veterans Wheelchair Games in June with the VA Maryland Health Care System's Chesapeake Wheelers.

When not competing, Hughes volunteers his time and efforts with organizations whose goals and objectives promote awareness, acknowledge achievement and develop opportunities for those with disabilities. As a motivational speaker at school assemblies and PTA meetings, Hughes' "can do" attitude reaches diverse audiences. Hughes serves on numerous local, state and national boards and organizations, including Wheelchair & Ambulatory Sports, USA; Maryland Wheelchair Athletic Promotions Inc.; the Baltimore County Disabilities Commission; and the State of Maryland Physical Fitness Council.



Left to right: Dennis Smith, director, VA Maryland Health Care System; Shermaine Johnson, Recreation Therapy supervisor; Larry Hughes; and Shena Strudwich, nurse practitioner for spinal cord injuries.

VA's Chief Nursing Officer Receives Living Legend Award

VA Chief Nursing Officer Cathy Rick has been recognized as the "Nursing Living Legend of the Year" by the Delta Gamma At Large Chapter of Sigma Theta Tau International. She accepted her award during a Sept. 19 Delta Gamma Annual Awards Dinner event at the Ambassador Hotel in Milwaukee.

"Cathy's significant contributions to nursing and to the goals and ideals of the international nursing honor society set the stage for this well-deserved award," said Patricia Schroeder, dean and professor at Alverno College School of Nursing in Milwaukee and president of the Delta Gamma At Large Chapter. "Our award criteria include a commitment to nursing excellence and scholarship, along with significant contributions to health care and the advancement of the profession."

Rick, who has served as VA's chief nursing officer for more than 12 years, said, "The recognition as a Living Legend by Delta Gamma At Large Chapter of Sigma Theta Tau is a tribute to the collective work of the over 80,000 VA nursing staff across the country. I am humbled and honored to represent the VA nursing community as I receive this award."

Lovell FHCC Nurse Awarded Bronze Star for Heroic Action

Navy Lt. Cmdr. James Gennari estimates he had less than two minutes to make the decision that could have killed him. On Jan. 12, Gennari was the senior trauma nurse at a remote medical station in Afghanistan. The Marine on the gurney needed lifesaving medical treatment—and explosive ordnance disposal. Cpl. Winder Perez had a live rocket-propelled grenade lodged inside his body.



JONATHAN FRIEDMAN

Lt. Cmdr. James Gennari was awarded a Bronze Star on Aug. 9 for his actions earlier this year.

Army Staff Sgt. Benjamin Summerfield, the EOD technician on the scene, offered Gennari the chance to walk away before anyone touched the RPG. “I told him, “If you aren’t leaving, I’m not leaving,”” said Gennari, an active duty nurse at Lovell Federal Health Care Center in North Chicago, Ill. “I knew the thing was either going to blow up or not. That was up to God.”

Perez wouldn’t have made it without nursing care. Someone had to give him pain medication and conscious sedation so the 14-inch RPG lodged in the upper part of his leg could be removed. Gennari kept the 21-year-old Marine’s airway open while Summerfield tugged. It took three pulls before it came out. Gennari then reapplied the tourniquet and dressing, and promised Perez he wouldn’t leave him until he was safe.

Gennari rode in the helicopter with Perez when he was evacuated out and has stayed in touch with his memorable patient, who didn’t lose his leg and is still rehabilitating. Though he shrugs off the “hero” label, Gennari was awarded a Bronze Star Medal for his actions during an Aug. 9 ceremony at Lovell Center.

Minneapolis Doctor Named Among Minnesota’s Most Influential in Health Care

In the August issue of *Minnesota Physician*, Dr. Kent Crossley, chief of staff at the Minneapolis VA Medical Center, was recognized as one of the state’s most influential health care leaders. *Minnesota Physician*, an independent medical business newspaper, publishes its list of top health care leaders every four years, based on recommendations from doctors in the state.

Crossley said VA’s effort to “expand access for our Veterans” is one of the accomplishments he’s most proud of. “Our VA now has a network of 11 community clinics in Minnesota and Wisconsin,” he said. “We increasingly use telecare to provide services to our patients in their homes and for consultations to our clinics and other Midwestern VA hospitals. Our TeleICU service works with other VAs as far away as Spokane, Washington.”

As far as future challenges go, Crossley said three big objectives immediately come to mind: “Working to optimize services so that we can successfully compete for patients in the future; recruiting and hiring great physicians to provide outstanding care to our Veterans; and spreading the message that VA has evolved to become a world-class provider of care and a leader in quality.”



Dr. Kent Crossley

Four VA Researchers Receive Presidential Early Career Awards

Four VA researchers recently received Presidential Early Career Awards for Scientists and Engineers. The four, along with 92 other researchers from across the nation, accepted their awards from the President in July.

Dr. Amy M. Kilbourne, of the Ann Arbor (Mich.) VA Medical Center, was recognized for her work in developing complex data sets to improve the mental health of Veterans. Dr. Jeffrey R. Capadona, of the Cleveland VA Medical Center, was recognized for key discoveries in biomaterials aimed at using long-term implantable electrodes in the brain or elsewhere in the nervous system. Dr. Charlesnika T. Evans, of the Hines VA Hospital in Illinois, was recognized for pioneering work to reduce the incidence of infectious disease among patients with spinal cord injuries or disorders. And Dr. K. Luan Phan, of the Jesse Brown VA Medical Center in Chicago, was recognized for his research focused on how medication and psychotherapy work in the brains of patients with post-traumatic stress disorder and traumatic brain injury.

Established in 1996, the PECASE awards are given each year for innovative research at the frontiers of science and technology. They are the highest honor conferred on federal researchers in the early stages of their careers.

Vocational Rehabilitation Program at Tuscaloosa VA is Best in Nation

The vocational rehabilitation program at the Tuscaloosa (Ala.) VA Medical Center has been ranked the best of all VA medical centers in the United States.

“VA conducted a survey of every VA medical center in the country, with Tuscaloosa’s posting a score of 72 out of 75,” said Damon Stevenson, public affairs officer for the Tuscaloosa VA. “They talk to the Veterans themselves, they talk with employees here at the medical center, and of course they talk to employers in town who employ the Veterans.”

Dr. Thomas McNutt, the acting supervisory psychologist in charge of Tuscaloosa’s vocational rehabilitation program, explained, “We help Veterans returning from war fine-tune a skill they have and use it for a civilian job. We help these Veterans find part-time employment in town and then work with them and their employers to ensure they’re doing what they need to do and have the self-confidence to return to the workforce.” Tuscaloosa’s vocational rehabilitation program has about 25 participants at any given time. It began operating in 2006.



Veteran Greg Clark now works at a Publix Super Market thanks to the vocational rehabilitation program at the Tuscaloosa VA.

VA Researcher Receives High Honors for Her Work

Dr. Elizabeth Martin Yano is the recipient of the 2012 Under Secretary’s Award for Outstanding Achievement in Health Services Research—the highest honor for a VA health services researcher. “I am deeply grateful for this honor,” Yano said, “and for VA’s investment in health services research. VA is renowned for using research to impact the care we deliver to our nation’s Veterans. Our research enables us to contribute scientific solutions to health care delivery challenges. I’m very proud to be a part of that. It doesn’t get much better than this.”

Yano is director of the VA Health Services Research & Development Center for the Study of Healthcare Provider Behavior in Sepulveda, Calif., and has been a part of the center since its inception in 1993. She has been with the VA Greater Los Angeles Healthcare System for more than 20 years.

Yano earned her master’s in science and doctorate in epidemiology from the University of California, Los Angeles. Since then, she has obtained funding for nearly 50 independent projects, with almost half of those projects devoted to improving the delivery of primary care for Veterans who receive VA health care. A primary focus of her research has been women’s health.



Dr. Elizabeth Yano

Providence VA Official Appointed as Baldrige Examiner

Dr. Bradley C. Borlase, director of Compensation and Pension at the Providence (R.I.) VA Medical Center, was appointed by Dr. Patrick Gallagher, director of the Commerce Department’s National Institute of Standards and Technology, to the 2012 Board of Examiners for the Malcolm Baldrige National Quality Award.

The award, created by public law in 1987, is the highest level of national recognition for performance excellence that a U.S. organization can receive. As an examiner, Borlase is responsible for reviewing and evaluating applications submitted for the award.

The board is composed of approximately 500 leading experts selected from industry, professional and trade organizations, education and health care organizations, and nonprofits (including government). Those selected meet the highest standards of qualification and peer recognition. All board members must take part in a preparation course based on the Baldrige Criteria for Performance Excellence and the scoring and evaluation processes for the Baldrige Award.

The Baldrige Award may be given annually in each of six categories: manufacturing, service, small business, education, health care, and nonprofit. Information about the award program and the application process is available at www.nist.gov/baldrige.

**Quick Thinking
VA Nurse Saves
Veteran's Life**

In 1965, when Army Spc. Jim Shea shipped out to Vietnam, he didn't give a lot of thought to his heart. He was young and healthy. His primary concern was doing his job and not letting down his buddies in the 630th Engineer Company. He served honorably but is still occasionally haunted by the memory of helicopter bays being cleaned with a fire hose during the battle of Ia Drang, immortalized in the book and movie of the same title, "We Were Soldiers Once ... and Young."

But in 2012, Shea was keenly aware of issues with his heart. His father had died of a heart attack and Shea had needed a catheterization and three stents inserted in 2000. As a Vietnam Veteran, he enrolled in VA health care and began receiving care at the Lebanon (Pa.) VA Medical Center. He also enrolled in the telehealth program, which monitors his vital signs and other health-related matters before sending a daily report to the medical center.

In February, Shea got a call from his nurse, Debbie Wagner, who told him she had just reviewed his daily report. After asking him a couple more questions, Wagner told Shea to have his wife bring him to the emergency department immediately. Within 10 minutes of Shea's arrival, Wagner's suspicions were confirmed—Shea was having a heart attack. Fortunately for Shea and his wife Connie, the former Army engineer was able to get the surgical intervention he needed. Thanks to the state-of-the-art telehealth program and his nurse's quick action, Shea has recovered and is back to doing the things he loves. A soft-spoken man of few words, Shea summarizes everything that happened by simply saying, "the VA saved my life."



Vietnam Veteran Jim Shea with his nurse, Debbie Wagner, who saved his life.

**VA Nurse Saves Man
from Apartment Fire**

Registered Nurse Kathy Fikes, of the Veterans Health Care System of the Ozarks in Fayetteville, Ark., was recently nominated for a Primary Care Star Award after saving a man from an apartment fire in Springdale, Ark. On July 7, Fikes saw smoke coming from an upstairs apartment and took immediate action to activate the 911 system and contact the apartment manager to gain access to the apartment.

Fikes knew the young couple living in the apartment had small children and she was concerned for their safety. After knocking on their door and not getting an answer, she entered the smoke-filled apartment. The smoke was so thick that her visibility was severely limited, but she was able to determine that the fire originated on the stove. She managed to retrieve a fire extinguisher from outside the apartment and subdue the flames.

Once the fire was out, she began a search of the apartment, finding a man asleep in bed. With some difficulty, she was able to awaken the man and help him get through the smoke-filled room and out of the apartment. Moments later, the fire reignited and she again entered the apartment to extinguish the flames, only to discover that a pan had been left on the stove with the electricity still on, causing the fire to reignite. The fire department arrived on the scene to find the fire extinguished and everyone safe. "Ms. Fikes is an asset to the Home Based Primary Care program, and her quick actions reflect positively on the Veterans Health Care System of the Ozarks," said HBPC Program Manager Pamela Krievans. "She is definitely a hero."

No Vacation for Houston VA Nurse

Irma Vives, a registered nurse in the Dermatology Section at the Michael E. DeBakey VA Medical Center in Houston, was on her way to visit family in Puerto Rico when a flight attendant asked for a Spanish-speaking doctor or nurse. She quickly volunteered, along with a doctor on board, to assist a passenger who was having difficulty breathing.

After conducting an assessment of the passenger and his medical history, they stabilized him with his own medications and oxygen. Vives and the doctor took turns monitoring him until they arrived in Puerto Rico. The passenger and his wife were grateful for her willingness to aid a fellow passenger and provide comfort and reassurance during a very difficult journey.



Irma Vives




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