

U.S. Department of Veterans Affairs

VAanguard

March/April 2010

Women Veterans Care

Wounded Warrior Regiment

Horses for Heroes

Living Well With SCI



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Vanguard

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

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U.S. Department of Veterans Affairs
810 Vermont Ave., N.W.
Washington, D.C. 20420
(202) 461-7427

E-mail: vanguard@va.gov
www.va.gov/opa/publications/vanguard.asp

Features

Always Faithful	6
Marine Corps Wounded Warrior Regiment assists with transition	
Improving the Lives of People With Disabilities	8
Pittsburgh VA center of excellence researchers seek solutions	
Making an Impact on Health Care Quality	10
Work of Houston's research center of excellence benefits veterans	
VA's Future Leaders: Getting Veteran-Centric	12
Personal service project invigorates leadership class and veterans	
Throwing a Line Out	14
Project Healing Waters helps veterans learn to fly fish	
High in the Saddle	16
VA partners with private centers to offer therapeutic riding programs	
She Served, She Deserves ...	20
Women veterans health program makes dramatic progress	
A Model Life	23
SCI veteran shows resilience and finds solutions with VA's help	

Departments

3	Feedback	31	Medical Advances
4	Outlook	33	Have You Heard
5	Passages	36	Honors
26	Around Headquarters	39	Heroes
30	Introducing	40	Robert L. Howard



On the cover

Women are enrolling in the VA health care system at record levels. Operation Enduring Freedom and Operation Iraqi Freedom have added 100,000 women veterans to the rolls. Based on Department of Defense active duty rosters, the number of women veterans will continue to climb. After decades of serving mostly men, VA is adapting to the changing landscape to offer high-quality care to women veterans. *photo by Tech. Sgt. Erik Gudmundson/U.S. Air Force*

Going Green

First of all, I want to say what a neat edition (September/October 2009) packed full of interesting articles. One that caught my eye was the “Going Green” article. Very nice article showcasing our commitment to sustainable and cost-effective environmental initiatives that we can all be proud of. No doubt we will be engaged in a tremendous amount of greening and sustainable initiatives for the foreseeable future and beyond.

Seeing the brown cemetery water-wise landscaping at Fort Bliss National Cemetery left me somewhat saddened, but on the other hand, hats off to them for at least being bold enough to make that change. I am not sure the majority of veterans and families see the brown as very appealing or honoring to our fallen veterans. I, for one, am in the middle of the road.

On a similar front, I get

around our facilities quite often and have seen a dramatic change in the maintenance of hundreds of thousands of acres over the past 25 years. There are many financial and resource reasons for our degrading landscaping, including browning conditions, dying vegetation and trees, but there are also options we have not yet tapped in the federal government.

Sub-soil irrigation systems have similar cost-saving benefits as the water-wise landscaping showcased in the article. Sub-soil irrigation technology today offers up to 85 percent water reduction, lower man-hours in maintaining landscaping, reduced energy costs, and other benefits like safe fertilizing.

I hope VA can one day move in this direction and begin to improve the visual appearance of our landscapes, green and beautiful and well cared for, as they once were.

This can be done with efficiency if we consider new technology and can be effectively applied to existing landscapes at all VA facilities as well as other branches of government.

Russell D. Lambert
VISN 20 Safety Manager
Vancouver, Wash.

Visit to Landstuhl

What a great picture of wounded soldiers coming home on the cover of the Winter 2009/2010 issue.

I wanted to point out that the flight nurse in the picture on the left side wearing the solid green jumpsuit just inside the back of the plane is Capt. Gregory Sell, R.N., who is also an ICU nurse at the Buffalo VA Medical Center who recently returned to work after his mobilization with the Air Force Reserve.

Thomas Bewick
Registered Nurse
Buffalo VAMC

transferring patients from the planes at Ramstein Air Base to Landstuhl and then also flew them to Walter Reed Army Medical Center in Washington, D.C.

These employees would be very happy to talk about their experiences and the efforts of a lot of people to make that trip as easy on the patients as possible. Maybe VA should talk to them to find out what some of the needs for better continuity of care are?

Brenton D. Higdem
Nurse
Little Rock VAMC


I read your article with interest. I had surgery on my back at Landstuhl in 1975. After I spent about three or four weeks there, my commander made me travel all the way back to Turkey before I could go home to the states for recuperation from my surgery. Needless to say, the trip about half killed me.

I am happy to see that they have really looked into the transportation aspect after a vet has surgery because you are really weak and exhausted after something like what I went through. They treated me first-class there in Germany, but I had a young lieutenant commander who did not understand transportation issues after a surgery at that time. Beautiful place on top of that mountain there!

Mack Neeves
SAH Agent
Roanoke VARO

It is too bad that there are many VA employees that have worked at Landstuhl Regional Medical Center in support of the wars and our fighting forces that have never been asked about the care and transfer of information and patients.

There are a number of employees from the Central Arkansas Veterans Healthcare System in Little Rock that were stationed at Landstuhl from 2003 to 2004 and cared for approximately 10,500 patients, including 3,500 critical care patients. They assisted in



NATIONAL VETERANS
SUMMER SPORTS CLINIC

National Veterans Summer Sports Clinic 2010
 “Setting your course for the future” is the theme for the 3rd National Veterans Summer Sports Clinic, to be held in San Diego Sept. 18-25. We’re seeking recently injured veterans to participate in this rehabilitative event. Help us get the word out to potential veterans and volunteers. Applications for veteran participants and volunteers will be available upon request starting March 1.

For more information about the Summer Sports Clinic, check out the Web site at vwww.sandiego.va.gov/home/ssc_home.asp, e-mail us at Tristan.Heaton2@va.gov, or call 858-642-6426.

We Want to Hear from You

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



Safety and Security: Know How to Respond to Threats

Jose D. Riojas

Assistant Secretary for Operations, Security, and Preparedness

Despite the annual 9/11 remembrance activities, the continuing combat operations in Afghanistan and Iraq, and terrorist trials making the news, it's easy to forget the ongoing global conflict requiring our attention.

The reason it's "ongoing," of course, is that those who would do us harm are still committed to that goal and mount attacks on us daily. Some attacks make the news, such as the failed attempt to bring down the airliner headed to Detroit on Christmas Day, or stories of disaffected young men being lured from American cities to terrorist training camps abroad, but most do not. Thankfully, many are thwarted, without fanfare, by our military and civilian defense and intelligence activities.

There are even attacks on our Department. Yes, VA. As the second-largest Cabinet-level department in the federal government, with significant resources, especially us, spread across the country and beyond, we represent "targets of opportunity" to those whose values differ from our own.

Whether real or virtual, to our physical space or cyberspace, VA is under attack. We *must* keep our guard up. Our safety and security, individually and collectively, depend on each of us knowing how to respond.

Within VA, we may feel cloistered from certain threats, but imagine answering the phone and hearing a bomb threat whispered in your ear. What would you say? Could you describe the voice or back-

ground? Who would you call?

Suppose you're opening one of the dozens of envelopes that come to your work station each day and a white powdery substance spills out onto your hands and clothes. What would you do? What is the phone number to report a hazardous materials incident?

Of course, not all threats to your safety and security are manmade. Some are from nature, in the form of hurricanes, tornadoes, earthquakes, fires, floods and other severe weather events. In these situations, your ability to respond is directly related to your level

of preparedness for emergency conditions. When it comes to our VA family, each of us is only as safe as our level of preparation and that of our colleagues. So, how prepared are you? How prepared is your family or neighbor?

According to published disaster response studies, 95 percent of first responders to any emergency situation are victims or bystanders. That fact alone should motivate each of us to take more seriously our role in helping to keep our families, neighborhoods, workplaces and nation safe.

Late last year, Secretary Shinseki established the VA Safety and Security Work Group and asked me to lead the group in assessing security throughout the Department. That group is now conduct-

ing the first comprehensive security assessments, which will eventually include all VA facilities. Compliance with established federal regulations and VA policies will be a focus, but employee and veteran awareness of those rules will also be assessed.

Perhaps more important than the assessment is the ongoing education campaign to ensure all of us are aware of the threats to our mutual safety and security and know how to respond.

Over the course of the coming year, you will see a variety of announcements, post-

to give and receive care.

How can you help? By constantly assessing your environment for potential threats to your safety and security and then reporting anything that you perceive to be a threat to your supervisor or the nearest law enforcement official. It is about being proactive and being responsible for your own safety.

Our law enforcement officials are trained professionals, but they cannot be everywhere. So they count on us to be sensors of our environment to identify potential threats. We know what looks right,

When it comes to our VA family, each of us is only as safe as our level of preparation and that of our colleagues. So, how prepared are you?

ers, exercises/events and other communications with important information about the threats we all face and what we can do to prepare ourselves, our families and our colleagues to respond appropriately to minimize any harm or damage and continue our mission to serve veterans.

There is no "off season" for emergencies. Vigilance, knowledge and training are the best defense against disaster. At VA, quality care and service for veterans relies as much on the safety and security of the workplace as it does on your skill and expertise as employees.

With that in mind, Secretary Shinseki told facility directors to ensure employees, veterans and visitors at their facilities are aware of how they can help keep VA a safe place

sounds right, and smells right. When we detect otherwise, we must inform someone else so we can make our environment right for us as individuals and as a team.

Remember, we are all in this together—each employee, the security team at each facility, our police force, contract security personnel, veterans, volunteers and visitors alike. Our efforts will make the Department of Veterans Affairs not only one of the best places to work, but one of the safest, as well. **VA**

The First Step—**AWARENESS.**
Everyone's a Sensor!

Tribute

I met Geraldine Breakfield on a softball field; we were teammates on a VA women's fast pitch team. I was impressed with her athleticism and knowledge of the game. She was our leader.

In November 2009, I sat with her in her headquarters office, where she was serving as the associate deputy under secretary for management in the Veterans Benefits Administration, to reminisce about her career. Breakfield retired Dec. 31, taking with her a wealth of knowledge, experience and dedication—dedication to veterans and to VA employees who have had the privilege to know and work with her.

Today, she sees VA as “an organization with the greatest mission in the world and in need of change. VA is an organization that I would work for forever and never leave for any other government opportunity.”

She started her VA career in 1971 as a stay-in-school student while a senior in high school. Two of her best friends were referred to VA by the high school counselor and were hired. Determined herself to secure employment, Breakfield went without a referral and returned home with a job as a clerk in the Veterans Health Administration, then known as the Department of Medicine and Surgery.

One of her most memorable career experiences was serving as the assistant director of the New Orleans VA Regional Office, where she instituted a practice called “Celebrating our Centenarians.” She personally delivered birthday cakes to veterans in the New Orleans area who were celebrating their 100th birthday. She remembers the first veteran well—he spoke

only French.

She counts applying for jobs outside the Washington, D.C., area, her home, as among her most challenging career decisions. It was difficult to accept an assignment in a location where she didn't know anyone or the area.

Looking back, she believes she made the right decision. “The first one was hard,” she said, “but the rest were easy.” She encourages employees who want to develop their careers and move up in the organization to be willing to be mobile.

When asked to describe a current typical day, her response began with a hearty laugh. “Most days are a combination of roller derby, ice

skating, teaching, and some days, even a little law enforcement,” she said. “It's always a challenge—I love it.”

As she looks back over her 38-year career, Breakfield says she wants to be remembered as someone who made a difference. She knows she will miss her VA family and colleagues across the Department.

Breakfield's advice to her successor is to take time to cultivate relationships with VBA and Department employees. “A lot of what I do gets done through the relationships I have with colleagues throughout the Department.” She believes that has been a major key to her success.

From that first job as a clerk, Breakfield continually



ROBERT TURTEL

Geraldine Breakfield at her retirement ceremony at VA Central Office on Jan. 14.

progressed through technical and leadership positions in VA Central Office and at four VA regional offices: Washington, D.C.; New Orleans; Lincoln, Neb.; and Detroit. She is a past recipient of the prestigious Presidential Rank Award.

- By Diane Hartmann

In Memoriam

Muriel Barbour, retired chief of recreation therapy at the McGuire VA Medical Center in Richmond, Va., and a co-founder of the National Veterans Wheelchair Games and National Veterans Creative Arts Festival, died Nov. 13 at age 79. In 1981, to celebrate the International Year of Disabled Persons, she and two others organized what was to be a one-time national veterans sports competition. The event proved popular, and evolved into what is now the largest annual wheelchair sporting event in the world. That same year, Barbour started VET ARTS, a visual arts competition, which was merged into what became the National Veterans Creative Arts Festival in 1989. She retired from VA in 1993.

Robert L. Howard, retired VA employee and Medal of Honor recipient, died Dec. 23 at age 70. Howard was one of the most decorated soldiers of the Vietnam War. Wounded 14 times in Vietnam and awarded eight Purple Hearts, he was nominated three times for the Medal of Honor. He received the Medal of Honor in 1971 for his bravery during a 1968 mission to rescue a missing soldier in enemy territory. His other awards included the Distinguished Service Cross, the Silver Star and the Bronze Star. After retiring from the Army in 1992 with the rank of colonel, Howard chose to serve his fellow veterans by working in a variety of positions with the Veterans Benefits Administration, mostly in Texas. He retired from VA in 2006.



Howard



Whittier

Sumner G. Whittier, Administrator of Veterans Affairs (head of VA) from 1957 to 1961, died Jan. 8 at age 98. The World War II Navy veteran led VA under President Eisenhower and later served with the Social Security Administration in Baltimore, where he worked until age 80. VA's construction budget ballooned during Whittier's tenure as facilities were modernized and VA began exploring the potential of computers with the acquisition of its first electronic processing systems. Whittier also championed the adoption of Lincoln's quote—"... to care for him who shall have borne the battle and for his widow, and his orphan"—as VA's official motto and had it inscribed on plaques placed at the entrance to VA Central Office. **VA**



Abide Abraham, 96, Bataan Death March survivor, author and volunteer, autographs his book, "Oh God, Where Are You?" for Col. Timothy Frank during her visit to VA Butler Healthcare.

DANA MILLER

Always Faithful

Marine Corps Wounded Warrior Regiment liaisons assist with the transition to civilian life.

“Semper Fidelis,” the motto of the United States Marine Corps, means “Always Faithful.” The dedicated Marines in the Wounded Warrior Regiment do more than just stand by their motto—they live it.

Established in April 2007, and headquartered in Quantico, Va., the Wounded Warrior Regiment provides and facilitates assistance to wounded, ill or injured Marines and their family members through all phases of recovery.

As a single command with a strategic reach, they provide compre-

hensive non-medical case management, transition support, benefit and resource information, assistance and referrals to the total Marine force, which includes active duty, reserve, retired and veteran Marines. This non-medical care is provided whether the Marines are at a military treatment facility, at a VA polytrauma rehabilitation center or other VA medical facility, at home away from military bases and stations, or with their operational units.

The Wounded Warrior Regiment extends across 23 locations, from Landstuhl, Germany, to Okinawa, Ja-

pan, and throughout the continental United States. Two Wounded Warrior Battalions are located at Camp Lejeune, N.C., and Camp Pendleton, Calif. In addition to coordinating care and services for wounded, ill and injured Marines and their families, these battalions have patient affairs teams located at major military treatment facilities and at the four VA polytrauma rehabilitation centers.

District Injured Support Cells, known as DISCs, are the Regiment’s front lines. DISCs are reserve Marines brought back on active duty in their hometown areas. They conduct face-

to-face visits and telephone outreach offering personalized assistance to newly injured or newly transitioned Marines, Marine veterans and their families within their assigned regions. Partnering with Operation Enduring Freedom/Operation Iraqi Freedom transition patient advocates and other VA program offices, DISCs resolve problems, help Marines access services and benefits, and address other matters that may surface during their recovery and readjustment back home.

Currently, six of the 20 DISCs in place across the nation are sharing space with VA staff at medical facilities and vet centers. DISCs working at VA receive VA e-mail addresses, office space and other support. Regardless of location, all DISCs partner closely with VA to provide well-coordinated and integrated care. In addition, they serve as the Department's link to Marine Corps-specific policy and information that might facilitate access to health care and benefits as needed for the veteran's recovery or transition.

With the support of the largest health care system in the world, this partnership opens doors for the Corps and helps them care for their Marines. And that's what it's all about—Marines taking care of Marines.

Col. Timothy Frank, VA's Marine Corps liaison officer with the Wounded Warrior Regiment, is a firm believer in the VA-Department of Defense partnership. "We pride ourselves on taking care of our own," she said, "but realize that we can't do it alone. For us it's not just a process; it is about developing a personal relationship with our Marines, and working together with other agencies and organizations to ensure we provide them whatever they need, whenever they need it."

Citing a recent example, in September 2009 Frank traveled to VA Butler Healthcare in Pennsylvania to present certificates of appreciation to William "Bill" Smathers, Richard "Buzz" Bryan, and Terence "Tod"

Conner.

Conner, the Butler VA's outreach coordinator, along with Bryan and Smathers, both OEF/OIF transition patient advocates who cover western Pennsylvania, were honored for going above and beyond in assisting their Wounded Warrior Regiment representative, Mike "Gunny" Palarino. Frank was contacted by Palarino, who told her about his positive experience with the Butler VA staff and suggested they be recognized. For their efforts, the Butler staff was applauded both for their passion and commitment to serving and advocating for America's newest veterans, and their willingness to welcome Palarino into their care management team.

While humbled by the award, Conner, a Marine Corps veteran himself, maintains they were just doing their job. "I knew Gunny when I was an active-duty Marine. So when

"We pride ourselves on taking care of our own, but realize that we can't do it alone."

he came on board here, it was an easy transition, like nothing had changed," said Conner. "You know, we have four great guys that work here and it was like the moon and stars aligned because we got four outstanding people who are all extremely committed to helping veterans."

Smathers and Bryan, both transition patient advocates for the past three years, cover more than 100 veteran cases. Each is typically on the road four days a week, sometimes driving 300 to 400 miles round trip. "I appreciate having that extra set of eyes," said Smathers. "As a TPA, my role is to help the most severely injured veterans transition back home. Gunny has helped me broaden my area. The more resources, the more eyes, the better the care."

Bryan, a recently retired Navy veteran with multiple combat tours, hopes more VA facilities will be able to take advantage of the Wounded


Warrior Regiment and its assistance. "Working with the WWR is the way we really need to go because we're all essentially doing the same job: helping veterans. The need is out there. In our job, there can't be a lot of boundaries. The WWR helps us so we, in turn, can help the veteran."

The mutual partnership between the Wounded Warrior Regiment and the Butler VA staff is undeniable, according to Smathers. "The WWR is so forthcoming in their support. It's unbelievable how they take care of their own. Their only criteria is that 'if you're a Marine, we'll help you.' There may be packets of information for a veteran to fill out, which are difficult and cumbersome, but they don't mind helping.

"They are proactive in working for their Marines," Smathers continued. "We go visit the veterans with Gunny, who's in uniform, and build a

sense of trust with them. Most aren't exactly forthcoming about visiting the VA, so Gunny helps us bridge that gap. It opens up an avenue of communication that didn't exist before."

Even Smathers, a 24-year Army veteran, is impressed with the lengths the Marines go to for assistance. "With the experience we bring, we know combat-related military programs others don't," he said. "I've seen the WWR enlist the help of the Semper Fi Fund or the Marine Corps League and get financial assistance to help a Marine in crisis. They've given out emergency grants, and they've even had Marine Corps relief nurses check up on veterans. You can't get that care anywhere."

For more information on the Marine Corps Wounded Warrior Regiment, go to www.woundedwarriorregiment.org. 

By Amanda Hester

Rory Cooper's vision for the Human Engineering Research Laboratories began in 1980, when he sustained a spinal cord injury in a bicycle accident while serving in the Army. An athlete before his injury, Cooper redirected his efforts toward wheelchair racing and tried to stay active.

But his first wheelchair was heavy, oversized, and limited his mobility. Cooper soon realized vast improvement in wheelchair design was needed. After earning a doctorate in electrical and computer engineering, he established the Human Engineering Laboratory at California State University at Sacramento, where he first began to research wheelchair design and use.

In the winter of 1993, Cooper was recruited to join the faculty at the School of Health and Rehabilitation Sciences at the University of Pittsburgh. He relocated his lab from Sacramento to the VA Pittsburgh Healthcare System's Highland Drive hospital as the Human Engineering Research Laboratories. Shortly after HERL opened, Michael Boninger, M.D., accepted an assignment as the lab's medical director.

HERL began with only one VA merit review grant, one lab area, two graduate students and one staff person. Today, they conduct more than 74 active clinical studies with a staff of

Pittsburgh VA
center of excellence
researchers seek
real-world solutions.



HERL Medical Director Dr. Michael Boninger performs a shoulder ultrasound on a research participant at the National Veterans Wheelchair Games.

NICK LANCASTER

Improving the Lives of People With Disabilities

more than 50 people, including engineers, physicians, therapists, research specialists, and more than two dozen of the best and brightest graduate students and medical interns in the rehabilitation field.

As HERL celebrates its 15th anniversary, VA's Rehabilitation Research and Development Service renewed it as the Center of Excellence for Wheelchairs and Associated Rehabilitation Engineering. It is one of only 16 currently funded VA reha-

bilitation research and development centers of excellence in the United States. This is the third time HERL has received the Center of Excellence designation.

HERL is a collaboration between VA, the University of Pittsburgh and the University of Pittsburgh Medical Center. It is divided into nine research areas: Assistive Technology Evaluation Lab; Biomechanics Lab; Imaging/Modeling Lab; Design and Prototyping Lab; Electronics Lab;

Activities of Daily Living Lab; Virtual Reality Lab; Physiology Lab; and Robotics Lab.

One of HERL's current projects is PerMMA (Personal Mobility and Manipulation Appliance), an electric-powered wheelchair fitted with robotic arms. The device is being developed to help wheelchair users that have limited hand function, such as people with high levels of spinal cord injury. Its robotic arms can be manipulated either by the wheelchair user them-

selves, or via remote control by a user at another location.

The wheelchair has Webcams attached that allow the remote user to see the wheelchair user's environment and control the robotic arms to assist them. Wheelchair users that need assistance can call for help, and through the Web, an assistant can help the user complete the task.

Cooper believes devices like PerMMA are at the cutting edge of technology for people with disabilities. "In the future, our impact is going to be even greater in the area of mobility for individuals with very severe impairments—especially powered and robotic mobility," he said.

HERL biomechanics researchers are now not only looking at wheelchair propulsion techniques, but also wheelchair transfer techniques, or the method by which a wheelchair user transfers from their wheelchair to another surface, such as a car seat. Using reflective markers, an infrared camera system, and force plates that sense weight distribution, researchers are able to closely examine how wheelchair users transfer.

"When you're doing a transfer, you basically have to support your body weight with your arms, and that's producing an incredible amount of stress on the joints," explained

Alicia Koontz, Ph.D., lead investigator for HERL's transfer biomechanics research. "What we want to do is characterize that stress and see if there are ways to teach the person to move differently to minimize the amount of loading on their joints."

Besides safer transfer techniques, data collected in these studies could lead to devices that help reduce pain and injury.

Another project currently underway is a modular wall system to help returning veterans with traumatic brain injury. The wall system will serve as an aide for the injured veteran, using radio frequency identification that allows the user to customize music, lighting, PDA system, appliances, temperature, wall systems and door systems within the home. The wall system includes top and bottom panels that can be customized with almost any color and pattern.

To allow for an open view of the apartment that would alleviate confusion, the walls would contain special glass panels that can be made clear or opaque. This innovative wall system could be built both within existing homes and in new construction, and customized to fit specific needs of veterans with various types of injuries.

Several HERL inventions have made their way to the market and are

awaiting patent approval. One such invention is the SmartWheel, a special wheel that collects data on the wheelchair user's propulsion speed, style and force.

HERL has used the SmartWheel in numerous research studies over the past 15 years. Now, more than 20 research institutions that study wheelchair propulsion biomechanics use it to observe and improve propulsion techniques to prevent injuries, assist with wheelchair comparison, selection and insurance justification, and teach proper wheelchair propulsion techniques.

Spreading the word about research results is also essential to the lab's mission. "Our goal to improve the lives of people with disabilities includes not only research, but also research training, dissemination of information, and knowledge transfer—actually getting people to use the information," said Cooper.

HERL researchers have published nearly 300 peer-reviewed scientific journal papers about their discoveries and actively publicize their findings to the wheelchair users who generously participate in their research studies.

"When we started working in the area, there were not many people doing wheelchair research," said Boninger. "Just by the sheer force of the number and dedication of the people that have worked in this lab over the years, there are now more than a dozen wheelchair research labs around the world."

Many people in the United States and other countries still use wheelchairs that just barely meet their needs. At the same time, new advances in engineering have tremendous potential to improve the capabilities of wheelchairs and other assistive technology. The way the HERL research team sees it, there is still much work to be done, and they will stop at nothing to improve the mobility and function of people with disabilities. **VA**

By Christine Heiner



HERL Director Dr. Rory Cooper shows HERL's invention, the SmartWheel, which is now used by more than 20 research institutions.

Making an Impact on Health Care Quality

The work of Houston's research center of excellence benefits veterans and the nation.

During VA Research Week, taking place April 26-30 this year, researchers throughout the country are recognized for their leadership and expertise. VA's Office of Research and Development focuses on developing and funding research that improves the lives of veterans.

One component of the Office of Research and Development is the Health Services Research and Development Service, which funds 14 VA centers of excellence located throughout the country. Each center develops its own research agenda, is affiliated with a VA medical center, and collaborates with local schools of public health and universities to carry out its mission.

"The research at each center serves to energize the facility and network with which they are affiliated, and provides a constant source of innovation, creativity and support," said Seth Eisen, M.D., director, Health Services Research and Development Service. Centers are located in: Ann Arbor, Mich.; Bedford, Mass.; Boston; Durham, N.C.; Hines, Ill.; Houston; Indianapolis; Little Rock, Ark.; Minneapolis; Palo Alto, Calif.; Pittsburgh/Philadelphia; Seattle; Sepulveda, Calif.; and Tampa, Fla.

The Houston center plays an integral role in helping to identify, evaluate and implement innovative strategies that lead to accessible, high-quality, cost-effective health care. A combined unit with the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine in Houston, the Houston VA center "participates in some of the most critical research decisions in the country," said Dr. Laura Petersen, director of the center and professor of medicine at Baylor Col-



AGAPITO SANCHEZ

Dr. Laura Petersen, director of the Houston VA Health Services Research and Development Center of Excellence.

lege of Medicine.

The Houston center was founded in 1990 (and successfully competitively renewed thereafter). Work carried out at the center has impacted two Institute of Medicine reports, a report

to Congress on comparative effectiveness research, and many clinical care guidelines and clinical best practices.

"With a team of 154 employees, we have four strategic scientific programs that make up our focus here in

Houston,” said Petersen.

Members of the Health Decision-Making and Communication program study the decisional processes used by patients and providers as they interact; members of the Health Services Delivery and Organization program study innovative interventions with the goal of incorporating research findings into health care for veterans; Health Policy and Quality members study the effects of local, state and federal government policies on the health of populations; and members of the Clinical Epidemiology and Outcomes program study the distribution of health-related states, events and outcomes in specific populations, with the goal of controlling health problems in veterans.

“The goal of each program is to provide the best science in its area of emphasis, while collaborating effectively across programs,” said Petersen. The leaders of the four scientific programs, as well as the leaders of the Design and Analysis and Operations programs, along with Petersen, meet weekly to set center policy and manage operations.

“The four scientific programs are organized in a way to leverage strengths throughout the center

and also to encourage mentorship, which is another key component of our center,” said Dr. Richard Street, leader of the Health Decision-Making and Communication program. “One focus I have within our work group is to look at ways to improve doctor-patient interaction.”

Recently, Street and others at the Houston center, including Dr. Mark Kunik, associate director and leader of the Health Services Delivery and Organization program, studied communication between doctor and patient about controlling blood pressure and use of medication to manage it. Findings illustrated that the patient’s quality of care can be improved by frequent collaboration in treatment planning and communicating the results of those decisions.

Dr. Hardeep Singh, another investigator at the Houston center, recently completed research on the effective use of electronic medical records and how this impacts patient safety, which is another focus of the center. He published an article on this subject in the *Journal of the American Medical Association*, resulting in widespread media attention.

Singh said that breakdowns do occur in communication of patient in-

“The most challenging problems facing health care today cannot be solved by one single individual—it takes a village.”

formation, even with the use of electronic medical records, although VA’s long-standing use of electronic records has ultimately strengthened the quality of care provided to veterans. Fixing this issue nationwide (within VA and in the private health care sector) will take a coordinated effort, and the Houston center’s approach is putting VA on the front line of medical research.

Petersen’s team has an excellent reputation within the greater Houston medical community and she helps foster relationships within the medical field by inviting interested parties to attend their weekly scientific and professional development seminars, which occur at noon every Monday. “The most challenging problems facing health care today cannot be solved by one single individual—it takes a village,” said Petersen.

“I also encourage anyone near our Houston facility to come and visit one of its highlights—our Wall of Fame,” Petersen added. That’s where they display the first page of publications that emphasize the high-impact work of their team of investigators meeting very specific and strict criteria, such as: published since 2000 in a journal with an impact factor of 10 or greater; published any year in any peer-reviewed journal and cited at least 125 times; or impacted clinical guidelines, health policy or Institute of Medicine reports.

Petersen is proud of the work her staff does and the outcomes to date. “Our main goal is to make a positive impact on health delivery and quality—for veterans and the nation.” **VA**



The Wall of Fame at the Houston VA Health Services Research and Development Center of Excellence—a display of the first page of publications that emphasize the high impact work of their team of investigators.

By Jessica Jacobsen

VA's Future Leaders: Getting Veteran-Centric

Personal service project invigorates leadership class and veterans.

Every year since 1978, VA has gathered up-and-coming leaders from across the three administrations and staff offices into a training program appropriately titled Leadership VA.

The purpose of Leadership VA is to create one cohesive group with a full understanding of the Department, new ideas to help VA serve veterans in the future, and a network of classmates and alumni that can work across bureaucratic obstacles to ensure the Department's essential mission to care for veterans always comes first.

In between weeks of studying the organization, various missions and current goals of VA during sessions that often last from sun up until sun down, each class carries on certain traditions of LVA and creates its own class project to add to Leadership VA lore.

"The final week of LVA is meant to focus on the veterans we serve," said Mike Brenny, the program's executive director. "The class of 2009 really touched my heart when they asked if they could take that focus a step further and use a planned night off actually serving veterans in person."

The 80 members of the 2009 Leadership VA class voted to visit the Loch Raven VA Community Living and Rehabilitation Center in Baltimore, a long-term care facility linked to the Baltimore VA Medical Center. For many, it was a rare chance to see the veterans they serve face-to-face and connect directly with VA's mission.

"The Loch Raven visit was a unique opportunity to honor the service of older veterans in a personal way," said Susan Calhoun, chief of Anesthesiology Service at the Memphis VA Medical Center. "We toured many facilities during the course of our leadership program, but rarely engaged in direct conversation with veterans, so the visit was a more personally gratifying experience."

The visit was arranged by classmates M. Suzanne Hook, associate chief nurse, surgery, at the Baltimore VA Medical Center and frequent visitor to the center; Roy Hawkins, assistant director of the Orlando VA Medical Center; and Vic Rosenbaum, executive assistant with the Alaska VA Health Care System. Each person in the class visited with specific veterans at the center, bearing gifts,

service and conversation. Some of the class members also performed in two rotating talent shows for the center's two dining facilities. But as much as the LVA class members prepared to give, most agreed they left receiving more.

"It was an honor to spend time with our veterans, talk with them, laugh and share stories," said Kathleen Dennis, assistant director of resources at the Health Administration Center in Denver. "Every time I get an opportunity to visit or volunteer at a VAMC or VA community living center, I walk away feeling that I received much more than I gave. The simple gift of sharing time and conversation with a veteran is so little to give, and in return, the stories of their lives that they share with me truly enrich my understanding of all they have experienced and sacrificed for our country and its citizens."

For many of the non-medical and Central Office LVA classmates, the visit became the first opportunity to meet the veterans they are serving.

"Any chance to personally connect with veterans is beneficial; it enhances our ability to focus on our mission," said Matthew Tenner, a counselor with the Board of Veterans' Appeals. "Many of us who do not serve in the field welcomed the opportunity to meet our nation's heroes. I did not anticipate the positive impact from this experience. While I came into the experience with a feeling of trepidation, I left feeling energized and more focused than ever on ensuring that VA succeeds in its mission to serve veterans."

Of course, the veterans were also quite happy to enjoy an evening's entertainment, good conversation, and a true sign that VA leadership relishes the opportunity to provide the service each patient had earned with their own.

"It was great," said Frances Carr, Loch Raven resident. "It was nice that they all decided they wanted to come see us. The show was great, too. I am proud to know they will be VA's future leaders."

Leadership VA 2010 begins April 11-16 in Philadelphia. While the class members have already been chosen, a call for nominations for the 2011 class will go out this summer. Future classes will have to decide whether to continue a service to veterans night or come up with their



PHOTOS COURTESY OF LVA

own project, but the 2009 class hopes their tradition continues, for the benefit of the veterans, and especially for the benefit to future VA leaders.

“Visiting the veterans and hearing their stories was a tremendous reminder of why we work so hard every day,” said Maggie Drye, director of VA’s Management Quality Assurance Program. “One encounter even left me teary-eyed. After the talent show, I delivered a piece of cake to a veteran and he thanked me for coming and helping to put on the talent show. I took his hand and told him that what we did that night could not in any way demonstrate how grateful I was to him for serving our country. He seemed genuinely touched and his eyes welled with tears as I hugged him and thanked him again.

“I think it’s easy for us to wallow in the drama of our own lives sometimes,” Drye continued. “The Loch Raven experience reminded me just how good life is for me and, better yet, how lucky I am to work for VA. I can think of

For their class project, the 80 members of the 2009 Leadership VA class voted to visit the Loch Raven VA Community Living and Rehabilitation Center in Baltimore. For many, it was a rare chance to connect directly with VA’s mission. Some of the class members even put on a talent show for the veterans.

no more noble a mission than to care for veterans. I’m truly honored to work in such a wonderful Department. On my next bad day at work, I’ll remember that veteran who evoked so much emotion in me and consider that a bad day at work for me doesn’t compare by any stretch of the imagination to one of his bad days while fighting for our country. I think it will help me put my life in perspective for many years to come.” **VA**

By Ryan Steinbach



BILL ARMSTRONG

Throwing a Line Out

Project Healing Waters is helping veterans get out of the hospital, learn to fly fish, and enjoy the great outdoors.

Veteran Richard Will casts his line into a trout-stocked lake north of Albuquerque as New Mexico Trout member Warren Slade looks on.

Under an early morning sun, a black woolybooger sent silent ripples across a lake's still waters as it landed on the glassy surface, breaking the morning calm. The little fly popped and splashed a few times as it made its way toward the bank.

From an insect's perspective, it looked like a life and death struggle. From a fish's perspective, it looked like a tasty meal. From Richard Will's perspective, it was pure relaxation.

Will, a Marine Corps veteran, was among a small group of patients from the Raymond G. Murphy VA Medical Center in Albuquerque who spent a day last summer enjoying the New Mexico outdoors as well as learning how to fly fish.

"I've been in the hospital for six months, and this is the first time I've been away," Will said, his wheelchair brakes set and an oxygen tank by his

side. "I love it!"

Across the lake, Michelle McKenzie strolled on a sidewalk, passing a duck as it herded her five ducklings into the water. McKenzie, a recreation therapist at the medical center, stopped each time she came across a veteran fishing, noting each patient's high energy level and obvious enjoyment of the experience.

"It allows patients to get away from the hospital environment for a few hours," McKenzie said of the outing at Sandia Lakes, just north of the city. "This gives veterans an opportunity to be in a serene environment. Being one with nature will hopefully bring them to a new place—a place they have not gone to in a long time, or at all."

Members of New Mexico Trout, a local fishing club, sponsored the trip in cooperation with Project Healing

Waters Fly Fishing Inc., a nonprofit organization dedicated to the physical and emotional rehabilitation of disabled military personnel and veterans through fly fishing and fly tying education and outings. Support is provided to VA hospitals and Warrior Transition Units nationwide and includes active duty troops, reservists, Guard members, and veterans of all conflicts and disabilities of all types.

Club members paired with VA patients along the banks of the man-made lake starting around 7:30 a.m. for the "catch and release" event. Under cloudy skies with a cool breeze, Will received helpful feedback from New Mexico Trout member Warren Slade, who stood nearby.

A Roswell, N.M., resident, Will said most of his previous fishing experiences had been in saltwater along the East Coast, but added that he is

About Project Healing Waters

Project Healing Waters Fly Fishing Inc., is a nationwide nonprofit organization that teaches a variety of fly fishing skills to wounded or disabled military personnel and veterans. Classes include fly fishing basics, fly tying, fly casting and rod building, in addition to fishing outings—at no cost to the participants.

Project Healing Waters was founded by retired Navy Capt. Ed Nicholson, who came up with the idea while recuperating from surgery at Walter Reed Army Medical Center in 2004.

“I observed many young men and several women recovering from injuries sustained in the current wars,” he recalled. “Having retired from the Navy and private industry, I thought that some of the recovering wounded might want to join me in fly fishing.”

Nicholson enlisted the help of a local fishing club and they soon organized classes in both fly casting and fly tying.

“With the success of our program at Walter Reed, we formed a charitable nonprofit organization,” Nicholson said. “In 2007, the board of trustees recognized that we could and should expand our project. And in February of that year, we established our first program in a VA hospital, at the Togus VA Medical Center in Maine. We now have 80 programs in 34 states, 65 of which are in VA facilities.”



COURTESY PROJECT HEALING WATERS FLY FISHING

Navy veteran and Project Healing Waters participant Bob Gilland shows off a trout on the banks of the Lower Owens River in California.

The VA programs differ in some respects from the ones operated with Department of Defense hospitals. For instance, while active military personnel are usually younger, VA participants vary in age and disabilities. Some of the VA participants have been living with their injuries or disabilities for a very long time, while others are still adjusting.

“We have learned that we must be flexible and creative in adapting to the different needs and limitations of each group,” said Carole Katz, Southwest regional coordinator for Project Healing Waters and program lead at the Long Beach VAMC in California. “For example, one of our volunteers created the Evergreen Hand Tool that allows a veteran

with the use of only one hand to tie flies, and another is working on adaptations to a fly reel for a one-handed angler.”

To have a Project Healing Waters program, three things must co-exist in the same area: a fly fishing club willing to provide the volunteers and organize the program; a military or VA facility willing to host it; and wounded or disabled personnel willing to participate.

Those interested in locating an existing program or helping start a new one should visit the program’s Web site, at www.projecthealingwaters.org, and contact a regional coordinator in their area.

- Gary Hicks

looking forward to more freshwater fishing trips like this one.

The trip was the culmination of a series of evening classes taught at the hospital’s recreation hall. Dave Patton, a New Mexico Trout member who helped plan the four-hour trip with McKenzie, made certain each fisherman learned how to cast a line and tie his own fishing flies before coming to the lake.

“It really seems to be something they enjoy,” Patton said as he watched a patient reel in his line. “We started working with Michelle in May, had our first training sessions in June, and here we are fishing today.”

Although no fish were caught after nearly four hours of casting, the veterans enjoyed the scenic setting. McKenzie said this type of recreation therapy produces many benefits.

“Out here at the lake, nothing is really expected of you,” she said. “It’s OK if you don’t catch any fish. The whole point is throwing a line out there and trying. That’s what life is all about.”

Another series of classes and a veterans’ fishing trip are being planned for the near future. **VA**

By Bill Armstrong

VA Southern Oregon Rehabilitation Center & Clinics

Craig Coggins, 39, and Loren Carrell, 25, are once again clad in helmets and ready for action. This time, though, there's no gunfire, blistering heat, or battle plan. These days, Coggins and Carrell sit high in the saddle, participants in Horses for Heroes, a program initiated in 2007 by the North American Riding for the Handicapped Association, or NARHA.

The concept is for existing NARHA centers to extend their services to wounded service members and veterans. For 40 years, NARHA centers have been working with individuals with disabilities so they can experience the physical, cognitive and emotional benefits of equine-assisted activities such as riding, driving and grooming, and therapies using the horse in a treatment strategy.

Coggins, a former Marine wound-

recovering from their combat experiences by building trust and relationships with the animals and with each other.

Carrell thinks of working with horses as a path back to his former life. "You get on a horse, you get a piece of normality," he explained while sitting on a bale of hay, speaking slowly, his words slightly slurred. "You aren't limping and people aren't looking at you. You feel normal. You feel good."

Carrell also suffered from short-term memory problems. At the first session, he said, "I'll forget what I did by the time I get to the car." By the fourth session, he had the confidence to perform the multi-step grooming sequence.

Coggins originally registered a 7 out of 10 on a pain scale. He reported that his pain level decreased to a 3 for up to 45 minutes after attending ther-

VAMC. "It builds their muscles as well as their memories."

Sheridan (Wyo.) VA Medical Center

Retired Air Force Capt. Kelly Schaffer eases from his wheelchair to the back of his equine partner, Spot, under the supervision of NARHA instructor Kelly McElwee and volunteers from the Sheridan VA Medical Center. "That's right, Spots," he says. "You and I are a good team, aren't we?"

Once he is released from the electric lift that transfers him from chair to saddle, Schaffer confidently commands, "Walk on, Spots!" His indefatigable sense of humor compels Schaffer to remind his team daily that as an upstanding Appaloosa, Spot has many spots, not just one.

The five men and one woman participating in group treatment for

High in the Saddle

VA medical centers nationwide are partnering with private local riding centers to offer therapeutic riding programs to wounded veterans.

ed in Iraq while serving in the Oregon Army National Guard, and Carrell, a soldier also wounded in Iraq, from the VA Southern Oregon Rehabilitation Center & Clinics in White City, were ideal candidates for the program. Coggins had back, hip and thigh injuries, post-traumatic stress disorder and moderate traumatic brain injury; Carrell had back, shoulder and lower leg injuries, PTSD and moderate brain injury.

For six weeks, Coggins and Carrell rode horses at Stable Hands, in nearby Yreka, Calif. They strengthened their bodies, memory and problem-solving skills while emotionally

applied sessions. "The only time I didn't feel pain was when I was riding in the saddle," said Coggins.

Stable Hands co-founder Marcia Cushman said the pain management was possible because of pressure-relieving posture while sitting on the horse. Another reason both veterans felt relief was that riding gave their brains a break from the pain because horseback riding requires a significant amount of focus.

"It's about being in the moment rather than focusing on the pain," said Chris Petrone, Operation Enduring Freedom/Operation Iraqi Freedom program manager at the White City

PTSD with Sheridan VAMC psychologists Dr. Rusty Reynolds and Dr. Kurt Benson arrive every Friday morning to begin group session activities at Children, Horses and Adults in Partnership, or CHAPS, Equine-Assisted Therapy program. At first wary of the horses and the intricacies of grooming, tacking up and riding, they show remarkable progress in self-esteem and relaxation as the eight-week program progresses.

"Their therapeutic riding sessions are based on our volunteer classes, teaching horsemanship skills designed to keep the rider safe," notes instructor and executive director Sue Sud-

dith. “They are learning to rely on each other to help care for the horse and keep them safe while they ride, just like our ‘regular’ clients rely on volunteers to help them when they are first starting out.”

Daunting tasks such as picking out the horse’s feet or learning how to saddle and bridle produce less anxiety as the sessions go on, and by the final class, each veteran is confidently

or illness, and slowly losing control of your body,” says Jackie Van Mark, Sheridan VAMC public affairs officer. “Now, picture yourself on a horse. Twice a week, you get to ride, lifting you up from your wheelchair and away from suffering and depression. It sounds unbelievable, but it isn’t—horses can help!”

The PTSD treatment group started as a pilot program in late summer

2009. Adding the horses to the treatment program was a leap of faith for the VA staff, but according to Reynolds, it turned out to be an important part of the therapy.

“From a clinical view, the CHAPS program met and exceeded expectations,” he says. “All of the participants’ symptoms were reduced as a result of the program, but what was also evident was the accelerated rate at which this occurred. My colleague Dr. Benson and I were more than satisfied. I must also mention that the program’s equine therapists had as much to do with the results as the program itself; they were professional and demonstrated genuine positive regard for the veterans.”

Tucson (Ariz.) VA Medical Center

In April 2006, Therapeutic Riding of Tucson, or TROT, was contacted by the Tucson VA Medical Center with a request for a therapeutic riding program for disabled veterans. In September, the medical center funded six participants for a pilot program. The participants’ ages have ranged from 22 to 80 and they have had physical, emotional and cognitive challenges. The program was featured in the June



COURTESY BRAVEHEARTS THERAPEUTIC RIDING AND EDUCATIONAL CENTER

Above: A paralyzed veteran student crosses a creek during a trail ride with BraveHearts Therapeutic Riding and Educational Center; right: Stable Hands co-founder Marcia Cushman leads Craig Coggins through warm-up exercises.

handling responsibilities and helping others, building the foundation for teamwork and social skills.

For Schaffer, the therapeutic riding sessions started as an opportunity to have some recreation and leisure time away from the Sheridan VAMC, where he lives in the assisted living facility, Mountain View. But as time went on, the staff noticed distinct changes in his ambulation and motor skills, and he began coming to ride twice a week to help improve his gait.

“Imagine not being able to control your arms or legs due to an injury



COURTESY CHRIS PETRONE

2008 *American Legion Magazine* article, "Saddle Up."

Claudia Carreon suffered a traumatic brain injury in Iraq in June 2003, but she does not remember the accident or other significant events, such as the birth of her daughter. Her memory constantly erases itself. Pictures of family members are kept on the refrigerator to help her remember.

While she cannot express what it is like to ride a horse, her body remembers the process of mounting and riding. The cues and commands she gives to Thunder, her horse, to guide him through the skills course come naturally.

"It's a wonderful experience,"

Carreon says. "It's a feeling of being in charge of myself, of being in charge of the horse, the release of tension and stress, a feeling of peace and freedom I can't get anywhere else. It doesn't matter how many problems you have, you forget about them."

Navy veteran Rene Suarez, a Desert Shield veteran with debilitating rheumatoid arthritis, says the riding improves his flexibility and stability. When he started at TROT, he was walking with a cane. Because of the movement of the horse at the walk, which is a rhythmical motion very similar to a human walking gait, Suarez has put his cane aside.

Mandy Perigo, certified therapeutic recreation specialist, says the riding class creates a social network for the veterans. "I've seen the patients exchange phone numbers and they call each other." Being in the program has created a positive environment that affects other parts of the veterans' lives.

BraveHearts Therapeutic Riding and Educational Center, Illinois

Supported by a grant from the Illinois Department of Veterans Affairs, BraveHearts Therapeutic Riding and Educational Center, located near Chicago, began accepting riders into its Horses for Heroes program in July 2007. Those first riders came from the Edward Hines Jr. VA Hospital.

The program quickly expanded to include veterans from the Milwaukee, North Chicago and Jesse Brown VA medical centers. In addition, referrals to the program are accepted from the Madison (Wis.) VA Medical Center as well as the Rockford (Ill.) VA Primary Care Clinic.



At BraveHearts Therapeutic Riding and Educational Center near Chicago, therapeutic carriage driving is one of the activities offered to veterans.

Veterans are also accepted on a self-referral basis, provided they are eligible for VA benefits. Most recently, patients from the Central Blind Rehabilitation Center at the Hines VA have begun riding at BraveHearts. Participants span conflicts from World War II to the current conflicts in Afghanistan and Iraq.

In the early stages of the program, veterans participated in therapeutic horseback riding as well as therapeutic carriage driving. Those activities are still key components of the program.

However, to expand and enhance the equine therapies available to veterans, BraveHearts was able to recruit to its full-time staff noted Western horseman Tom Chambers, whose recruitment was made possible by a grant from The Baxter International Foundation. After joining the staff in May 2009, Chambers immediately began developing a veterans mounted drill team. In addition, he has been teaching veterans about the bond that can be created between horse and human through ground work in a round pen ("horse whispering").

The hospital-based therapists who work with veterans participating in BraveHearts report stunning improvements, particularly in patients with PTSD and traumatic brain injury, confirming the positive reviews from the patients themselves.

Michael E. DeBakey VA Medical Center, Houston

The NARHA Horses for Heroes program was launched a year ago at SIRE, Houston's Therapeutic Equestrian Centers' Fort Bend site in Missouri City, Texas. Two nurses from the De-

Bakey VA Medical Center—Glennys Asselin and Rebecca Niri—had signed up to volunteer at SIRE. Discussions with Asselin about the potential for referring their clients to SIRE inspired a project that has resulted in a case study presented at several nurses' conferences in Texas, Ohio and other parts of the country. The study now awaits publication.

The initial study focused on the first veteran to ride with SIRE, Derrick Perkins, who sustained a spinal cord injury. The Air Force veteran's

Living the Dream

Sometimes there are moments that create unfathomable results in the life that we get to live today. For the last four years and six months, I felt as though I had been through the gamut of opportunities provided by modern medicine. That is, until I had the chance to get out of the box.

My entire life I have wanted to learn how to take care of horses and then have the experience of being able to ride them. After returning from Iraq, I did not believe that this dream, as well as many others, would ever be accomplished. But all that changed in May 2009—from that point my life, my thoughts, the feelings I had concerning myself, and what I could and could not do with my body physically, began to change.

One day while I was at the VA Southern Oregon Rehabilitation Center & Clinics in White City, I came across a flyer asking for two veteran volunteers with traumatic brain injury and PTSD to participate in a program called Horses for Heroes, being taught by a group of people who not only cared about regular citizens, now they were reaching out to help wounded veterans. They were from an organization called Stable Hands, operating out of Yreka, Calif.

On June 17, 2009, I drove down to Yreka to meet these amazing people. Then I was introduced to a horse named Keeper, who has done more for me than anyone who practices medicine.

Cathy and Marcia took the time week after week to teach me how to care for an animal from the ground up, as well as teaching me how to ride Keeper and not fall off. John, Dave and Pat walked by my side week after week to ensure that I would not hit the ground, and this gave me the self-esteem to be able to trust that Keeper would take care of me.

While working with Keeper, I began to feel as though I was changing inside. I felt better about myself overall and it gave me a new perspective on my medical issues. Today, I



Craig Coggins sits astride Keeper, with the staff of Stable Hands standing by his side.

am a veteran and mostly a person who is not sick, but a man who is overcoming the issues that I choose to work with and work through.

The staff of Stable Hands has told me about the changes they have been able to see in me from our time together between June and November of 2009. I have been able to see some of the changes, but most of all, it has been the change in perspective that I have noticed. Right now we are on a winter break and I am taking this time to address some of the issues that need attention.

I could not have become the person I am today without the help of Stable Hands and the wonderful people who have formed Horses for Heroes to help veterans like myself. I can now see that a new and different life can be lived, and that some of the dreams I had before Iraq, which I thought were unachievable due to my injuries, can be accomplished with the help of others.

- Craig Coggins

improvement in balance, strength and function over the last year and his impressive progress in riding skills have inspired others to take part.


In the summer of 2009, Steven Schulz joined Perkins' class. Schulz had been severely injured when a mine exploded under his truck in Iraq. His brain injury resulted in limited sensation and use of his left arm and leg as well as impaired speech and judgment. Relearning center and balance with this "new" body and different levels of sensation has become the focus for Schulz.


On the horse, he has no limitations in mobility. The horse doesn't care that he mounts from a ramp or that he uses just one hand to guide him.

With the assistance of volunteers, Schulz is learning to take control of and use his body to give the horse cues for direction and pace. In doing so, he is using every muscle, every joint, and all of his mental capacity to be effective.

It's too early to predict how far Schulz can go as a rider, but his motivation to succeed and his naturally

competitive spirit are likely to carry him further than his diagnosis would suggest. All of his achievements on the horse translate into improved function in his skills of daily living.

For more information about NARHA Horses for Heroes, visit www.narha.org, or contact Mary Jo Beckman, retired Navy commander and NARHA certified riding and driving instructor, at mjbeckman@gmail.com. Larry Long, director of Recreation Therapy Service in VA headquarters, is the coordinator for the Department. 

A woman in a military uniform is shown in profile, hugging a child from behind. The woman has dark hair and is wearing a camouflage uniform. The child has blonde hair and is wearing a dark green quilted jacket with a red and yellow plaid pattern. The background is dark with some out-of-focus lights.

Women represent the fastest-growing subpopulation of the U.S. military, and are enrolling in the VA health care system at record levels.

She Served, She Deserves ...

The Women Veterans Health Program is making dramatic progress in enhancing women's health care at VA facilities.

MASTER SGT. JASON W. ROLFE/U.S. AIR FORCE

Women constitute nearly 15 percent of today's active duty troops and represent the fastest-growing subpopulation of the U.S. military. Correspondingly, women are enrolling in the VA health care system at record levels. Operation Enduring Freedom and Operation Iraqi Freedom have added 100,000 women veterans to the rolls. Based on Department of Defense active duty rosters, the number of women veterans will continue to climb.

Understandably, most VA health care facilities were built with men in mind. For decades, the system was accustomed to serving mostly men—as recently as 1998, women represented only 4.4 percent of all veterans (see sidebar, “She Served So That We Could Live Free”). Now the landscape is changing and more women veterans, young and old, are turning to VA for health care.

The Women Veterans Health Strategic Health Care Group has set a goal of ensuring that all women veterans receive timely, equitable, high-quality health care services at VA facilities. This significant effort involves everything from the abstract—changing the perception that VA health facilities serve only men—to the concrete—making certain that facilities have the necessary women's health equipment and can offer women adequate privacy.

Specifically, the Women Veterans Health mission is to make certain that all eligible women veterans requesting VA care are assured of:

- comprehensive primary care by a proficient and interested primary care provider;
- privacy, security, dignity and sensitivity to gender-specific needs;
- the right care in the right place and time;
- state-of-the-art health care equipment and technology; and
- highest quality preventive and clinical care, equal to the high levels of care provided to male veterans.

Despite the enormity of the task, Women Veterans Health has made

progress on many fronts. In 2008, facilities received \$32.5 million in supplemental funding for investments in women's health equipment, training and supplies. That same year, a VA work group released recommendations for delivering comprehensive primary care to women, and Women Veterans Health began working with Veterans Integrated Service Networks across the country to identify how they would improve care for women.

A significant boost for the program was the 2008 requirement that every VA facility have a women veterans program manager dedicated full time to overseeing women's health. These providers had often previously had multiple other duties. Now they are a critical link in the Women Veterans Health program, advocating for women veterans at the facility level and implementing key strategies in support of the Women Veterans Health mission (see sidebar, “Reaching Out to Women Veterans”).

Ultimately, the Women Veterans Health program aims to elevate the Veterans Health Administration to a position of national leadership in the provision of health care for women and, through that success, raise the standard of care for all women. Much work remains to be done.

Performance metrics show gaps between the quality of care that women and men receive at VA. Some

women veterans are forced to travel long distances to reach a VA facility that offers appropriate care. And misconceptions about—and by—women veterans still exist.

Many women veterans believe that they must have served overseas or in a war zone before they can be called “veterans,” regardless of the number of years served. These women are less likely to identify with VA or come to a VA facility for health care, even when they lack other health care options.

The Women Veterans Health program branding and outreach efforts focus on changing this. The tagline of the Women Veterans Health brand, “She served, she deserves . . . ,” is included on all program materials distributed inside and outside VA facilities throughout the nation. Women veterans program managers at each facility are collaborating with veterans groups and programs in their communities to educate women veterans about VA services available to them.

“The significance of branding the program can't be overlooked,” said Women Veterans Health Chief Consultant Patty Hayes. “It is important that when a woman walks into a VA facility, she sees images of women veterans like herself. And the program should represent a consistent set of services and level of quality that she can expect at any VA facility across

She Served So That We Could Live Free

Women were officially recognized as members of the armed forces in 1901 with the inception of the Army Nurse Corps, but their participation in U.S. military action dates back to the Revolutionary War. During that conflict and the Civil War, women tended wounds, spied on enemies, and in some cases disguised themselves as men.

Throughout the 20th century, the number of women in the military grew steadily. World War I produced 25,000 women veterans and World War II, 319,000. The oldest living Army veteran up until she died at the age of 110 in late 2009, Gertrude Noone, served as a tech sergeant during World War II.

Few military roles are barred to women today, and these are changing as well—next year women will serve on submarines. As a result, the percentage of women on active duty has grown to significant levels: the number of living women veterans stands at 1.8 million and is climbing rapidly.

Reaching Out to Women Veterans

A subset of women veterans program managers nationwide gathers monthly to focus on communications and outreach to women veterans. As part of their efforts, the group designs and distributes materials targeted at educating women on preventive health topics. The eye-catching posters, wallet cards and table tents—distributed monthly to all women veterans program managers—help raise awareness of critical issues for women veterans, such as heart disease, osteoporosis, smoking cessation, mental health and many others.

These health campaigns include steps that women veterans can take to prevent disease and illness, and urge them to contact VA for help. Women veterans program managers, public affairs officers and providers are posting the materials throughout facilities, distributing them at programs designed for women veterans, and taking them to demobilization sites and community job fairs.

“These pieces give women veterans a place in VA,” said Dr. Desmarie DeCuir, lead women veterans program manager, VISN 4. “Many women still think VA is just about male veterans. When they see the Women Veterans Health identity over and over again, it lets them know that VA is focused on women veterans’ health issues too.”

The group is also encouraging women veterans program managers to schedule activities connected to the monthly campaigns in the community. The goal is to reach women veterans who don’t regularly visit VA for health services and encourage them to come in.

In March, the women veterans program managers are focusing on homelessness and connecting with service organizations in the community to reach homeless women veterans.

“Whether they served last year or 25 years ago, VA has something to offer them and we want to make sure they know that,” said DeCuir.

the nation.”

The Women Veterans Health program is also tackling misconceptions that are internal to VA.

“The confusion about what role women play in war today extends beyond the general public. Even VA employees are still sometimes unclear about the nature of modern warfare, which presents challenges for women seeking care,” said Kayla Williams, an Army veteran, addressing the Senate Veterans’ Affairs Committee in July 2009. “For example, being in combat is linked to post-traumatic stress disorder, but since women are supposedly barred from combat, they may face challenges proving that their PTSD is service-connected. It is vital that all VA employees, particularly health care providers, fully understand that women do see combat.”

For the first time in years, VA Central Office is providing the field

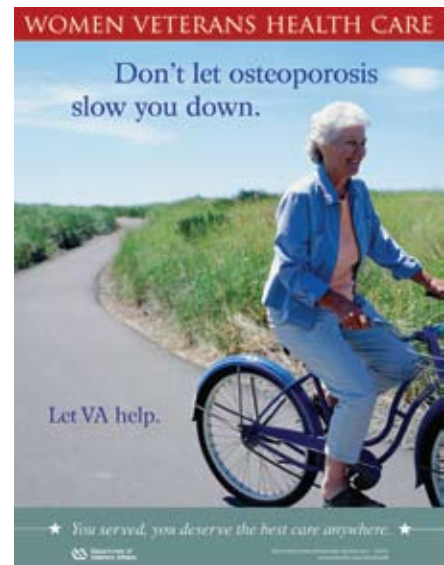
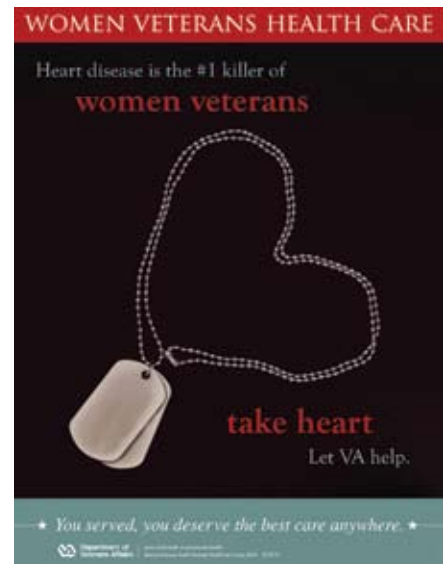
with expertise in areas integral to women’s health care, including comprehensive health care, education and reproductive health. Nearly 400 providers across VA have completed “mini-residencies” in women’s health, and five mini-residencies are scheduled for this year.

VA is committed to providing the highest quality care to every woman veteran, whether she served her country six months ago or six decades ago, said Hayes.

For more information about the Women Veterans Health initiative, visit www.publichealth.va.gov/women-health. **VA**

By *Connie Raab*

Right: Eye-catching posters distributed monthly by a group of women veterans program managers help raise awareness of preventive health issues for women veterans.



Forty years after his spinal cord was destroyed by ambush fire in Vietnam, Michael Frey lives a fulfilling life in his own home, defying the odds of longevity for someone with his level of catastrophic injury.



A Model Life

On July 14, 1969, Alpha Company 3/21, 196th Infantry Brigade, marched single file through the “flat lands” near Chu Lai in Vietnam. Ten seconds of ambush fire took down one man only: 19-year-old Michael Frey, a squad leader. Medics quickly determined that he could not breathe on his own, performed a tracheotomy, and evacuated him by helicopter to a hospital in Da Nang.

Frey grew up the second of four children in the St. Louis suburb of Florissant. As a senior in high school during the Vietnam War, he enlisted in the Army. Frey had been stationed in Chu Lai for about six months when he was injured; the last thing he re-

membered was looking at the stars before going to sleep on the night of July 13. Six days later, he woke to the sight of his brother standing at the foot of his bed at Letterman Army Hospital in San Francisco.

“Why am I tied down?” he wondered.

His brother broke the news: “You’re paralyzed.”

“I didn’t understand the extent of my injuries,” Frey recalled. “I soon found out why I had such trouble talking—I had a tube in my throat and was breathing with a ventilator.”

Frey is believed to be the longest survivor of complete tetraplegia due to an injury at the second cervical level

Veteran with spinal cord injury shows resilience and finds solutions with help from VA.

with ventilator dependence. He recalled watching a television interview with Dana Reeve after the death of her husband, actor Christopher Reeve. She noted that the average survival of someone with that type of injury was nine years and her husband had lived 11. "I was tempted to call her and tell her I'd been hurt the same way 35 years ago," said Frey.

The bullet had entered his neck and its shock wave had destroyed the spinal cord at the second cervical level. VA wanted to transfer him to a Spinal Cord Injury Service in Memphis or Chicago, but Frey's mother opposed the move. She wanted her son close to home. She called the White House. Soon after, the St. Louis VA Medical Center director received a letter from President Nixon: Frey would be transferred to the St. Louis VA as soon as possible.

That transfer occurred in August 1969, but it was not until 1973 that an SCI Service opened its doors at the St. Louis VA. The St. Louis facility has two divisions: John Cochran, for acute care in midtown; and Jefferson Barracks, for rehabilitation 20 miles to the south. So the Medical Intensive Care Unit at John Cochran became Frey's new home. "I had a 10-by-16-foot room with a big window facing the hall and another window facing Grand

Avenue. Over time, I got used to it and to the staff."

But there was something else Frey had to get used to. "People around me thought the paralysis would get better and I would walk again," he said. "I wanted to think it was true, but I had doubts. When I met Dr. Robert Woolsey (St. Louis VA SCI Service director from 1973 to 2000), I asked if I would ever get better. He told me 'no.' I finally knew for sure what I was dealing with."

In 1980, after living in the MICU for 11 years, Frey moved to the SCI Service at Jefferson Barracks. Some of his doctors had worried that a rehab setting was not safe for a patient on a ventilator, but others were sure that this was the right place, with its emphasis on maximizing independence. It turned out to be the correct decision, because his life opened up in ways he had not imagined.

In the MICU, he got out of bed only once a month. But SCI Service physiatrist Dr. Jai Park equipped him with a portable ventilator and a power wheelchair he could control with his chin, affording him independent mobility. An environmental control unit allowed him to operate electric devices by sipping or puffing into a straw. "I could answer the phone when it rang," Frey said. "I could change the

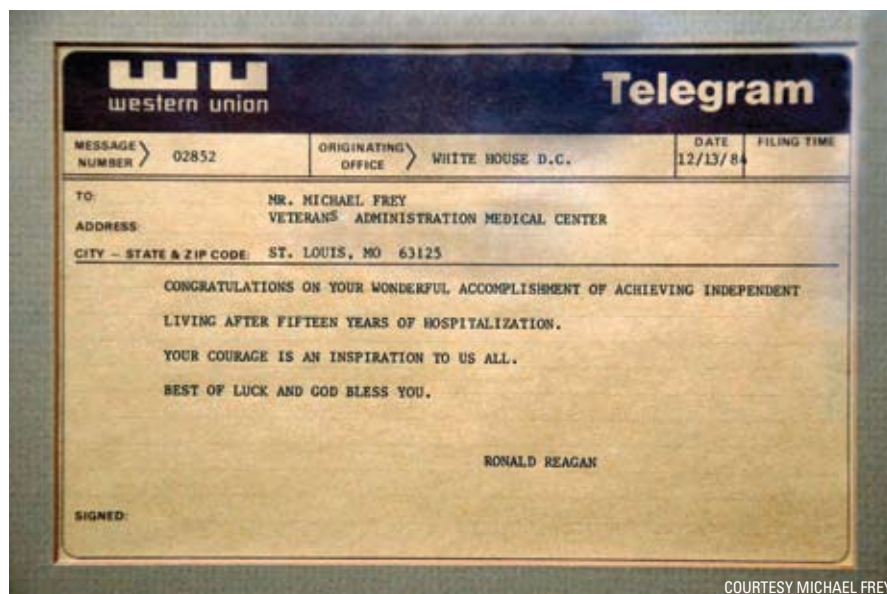
TV channel without waiting for help. I could get a nurse without having to call out. It made everything so much easier."

VA set him up with a van equipped with a lift and a generator for his ventilator. "While I was content in the MICU, in the SCI Service I learned how to live with amazing independence despite my injury," said Frey.

Registered nurses Jan Moorman and Kathy Fonod took care of him. "Nothing could faze him," they said, "even when, as occasionally happened, he was not breathing comfortably on the ventilator." With his analytical mind, Frey would help them figure out solutions, and typically his suggestions proved right. He understood that to stay healthy and avoid skin complications, he had to be very consistent with his behavior.

Many people with SCI struggle with maintaining healthy skin. On any given day, 250 veterans occupy beds in the 24 VA SCI services across the country because of sores, at a total annual cost of \$130 million, accounting for 25 percent of the total cost of care for veterans with spinal cord injury.

Frey, however, has never been hospitalized for a sore. He understands that pressure relief by changing his position in bed is the key to pressure



In December 1984, Michael Frey got a telegram from President Ronald Reagan congratulating him on his move out of the hospital and into his own custom-built home 15 years after his injury.

ulcer prevention. Until two years ago, he stayed in a circo-electric bed, placed on his stomach during the night and turned end-over-end on his back during the day. Recently he switched to a standard hospital bed and a specialty mattress, for which he has only praise.

Conscious of the vulnerability of his skin, Frey does not smoke and watches his diet, making sure he does not gain weight. He gets up into a wheelchair several times a week, but only if his skin shows no signs of irritation.

Frey credits the SCI staff with “planting the seed” that he could live independently. “It was a year or so after I got to Jefferson Barracks that I was told to think about living in my own home. It took a year or so to sink in, but then I started to make plans. It took another few years to get the house built. The approval process for the home generator alone took a year.” But on Dec. 7, 1984, 15 years after that life-changing day in Vietnam, Frey made another significant move, out of the hospital and into his custom-built home with round-the-clock care.

The SCI staff threw him a party and bid him farewell, knowing that with his problem-solving skills and training and the VA equipment and supplies, he was well prepared for life outside the hospital. Physicians ensured a stable medical regimen. Nurses had taught him to coach his first personal care attendants in his care needs, while Social Work assisted with hiring them. Physical Therapy addressed his mobility requirements, while Occupational Therapy maximized options with the environmental control unit and other life skills. Psychology focused on how he dealt emotionally with the transition from life in a hospital to independent living.

Frey has now lived in his own home for 25 years and is an effective director of his care. He has full-time live-in personal care attendants during the week and part-time weekend care-

givers. He provides room and board, a paycheck, and tax and Social Security withholding to his live-in staff. Some of his attendants don’t work out and soon leave, but the majority have stayed with him four to five years. His current attendant is the daughter of a couple who provided care for him years ago. She lives on the lower floor of his home with her husband and child, while Frey lives upstairs.

Many of Frey’s personal relationships are long-lived as well. A highlight was the friendship he enjoyed with St. Louis Cardinals broadcaster Jack Buck. The late Buck first met Frey during a Veterans Day event at the medical center in the mid-’70s. Buck, himself a veteran, got to know Frey and started making informal visits just to see him.

One day, Buck learned that Frey wanted to attend a Cardinals game and invited him to join him in the radio broadcast booth. Whenever Frey wanted to see a game, he would call Buck and it would be arranged. When Frey’s family threw parties for his 40th and 50th birthdays, Buck was there. Last season, Frey went to a game at the new stadium. “It was a nice day; real good seats just to the right of the broadcast booth,” said Buck. “Mike Shannon, current Cardinals broadcaster, came out to chat. It was a really good day.”

Frey has maintained a long and successful relationship with the SCI Service. The VA spinal cord injury system of care provides for coordinated lifelong services. The SCI team visits Frey in his home regularly, providing both preventive and active health services, and he comes to the SCI Service for a comprehensive annual evaluation that includes an assessment by dietitians, nurses, physicians, psychologists, social workers and therapists. Frey’s equipment is updated as much as he wants whenever there are important technical advances.

Now 40 years post-injury, Frey identifies numerous positive aspects of his life. He sees his family regularly. He

spends time outside when the weather is good. He watches TV and movies, listens to books on tape and ’60s music, plays games on the computer and phones friends. He recently completed a major renovation of his home. For his 60th birthday, the SCI team organized a greeting card campaign. Frey was touched to receive more than 60 cards from VA staff, patients and friends.

To what does Frey attribute his good health and long life with a catastrophic injury? “We have good genes in my family,” he said. “I eat right; no fast food. I avoid depression by doing what I want to do. I’ve made the best of what I can. If my skin is not in perfect shape, I stay in bed. I don’t think there’s anything special about me. I just live each day and take life as it comes. I’m satisfied.” Others who have known Frey for a long time add that he has assumed full responsibility for his life and takes charge of his health.

What Frey describes as nothing “special about me” is actually an essential element of people’s ability to adapt to life’s stressful events such as disability or acute illness. Psychologists refer to this capacity as “resilience.” Studies suggest that resilience comes naturally to some, but can also be learned. For Frey, it appears to be both. He has self-confidence and generally feels good about himself. This helps him avoid or quickly recover from maladaptive responses to stress. He is open to positive influences from people around him. He benefits from an excellent social support network. His status as a service-connected veteran provides him the necessary resources.

Michael Frey is a model not just because of his longevity or because he exemplifies survival skills and has found satisfaction in a life filled with challenges. Frey’s mastery of his own care also helps VA meet his needs, and therefore the needs of all patients with spinal cord injury. **VA**

By Deborah Gray and Florian P. Thomas, M.D.

Petzel Takes the Oath of Office as Under Secretary for Health

Dr. Robert A. Petzel has taken the oath of office as VA's Under Secretary for Health, stepping up to lead the nation's largest integrated health care system.

"Dr. Petzel brings to this position a strong leadership background in caring for veterans as a longtime health system manager in VA," said Secretary Eric K. Shinseki. "His commitment to outstanding medical quality and access for veterans will be critical in leading VA in its 21st-century transformation."

Petzel had been Acting Principal Deputy Under Secretary for Health since May 2009. Previously, he was director of the VA Midwest Health Care Network (VISN 23). He has served on numerous VA advisory committees that guided development of new and improved health care programs. Board certified in internal medicine, Petzel also served previously as chief of staff for the Minneapolis VA Medical Center.



Secretary Eric K. Shinseki administers the oath to Dr. Robert A. Petzel as his son and daughter-in-law, Erik and Jennifer Petzel, look on.

MICHAEL L. MOORE

He graduated from Northwestern University Medical School in 1969 and has served on the faculty of the University of Minnesota Medical School.

More than 8 million

veterans are enrolled in the VA health care system, which is growing in the wake of its eligibility expansion. This year, VA expects to treat nearly 6 million patients through 78 million outpatient visits and

906,000 inpatient admissions.

The Veterans Health Administration, with a workforce of some 262,000, is comprised of 153 hospitals, more than 800 outpatient or mobile clinics, and 232 vet centers.

White House Seeks \$125 Billion Budget for VA in Fiscal Year 2011

The Obama administration's \$125 billion fiscal year 2011 budget request for VA includes \$60.3 billion for discretionary spending (mostly health care) and \$64.7 billion in mandatory funding (mostly for compensation and pension).



MICHAEL L. MOORE

VA Secretary Eric K. Shinseki discusses the budget proposal during a briefing in VA Central Office on Feb. 1.

"VA's 2011 budget request covers many areas but focuses on three central issues that are of critical importance to our veterans—easier access to benefits and services, faster disability claims decisions, and ending the downward spiral that results in veterans' homelessness," said Secretary Eric K. Shinseki.

The budget proposal calls for a 7.6 percent increase in discretionary spending, a 27 percent increase in the budget for the Veterans Benefits Administration, and an 8.5 percent hike in medical care spending.

Highlights include:

- Total Budget - \$125 billion
- Health Care - \$51.5 billion
- Medical Research - \$590 million
- Compensation and Pension - \$53.5 billion
- Readjustment Benefits - \$10.4 billion
- Construction - \$1.6 billion
- IT - \$3.3 billion
- National Cemeteries - \$251 million

'Wreaths Across America' Event Expands Beyond U.S. Borders

The phenomenon known as "Wreaths Across America" continued to flourish in 2009, with events taking place at more than 400 locations, including at all 130 VA national cemeteries, at many state veterans cemeteries, at Arlington National Cemetery, at all 24 American Battle Monuments Commission cemeteries, aboard Navy ships in all seven seas and at other prominent veterans memorials. In all, more than 100,000 volunteers placed 161,000 wreaths to honor our service men and women.

Houston National Cemetery hosted the single largest wreath-laying ceremony in the nation, with 15,000 in attendance. "I've never seen this many people at the cemetery in all of my 11 years here," said retiring director Jorge Lopez. "This is great outreach that can only help our veterans."

Wreaths Across America traces its roots to 1992, when Morrill Worcester, president of the Worcester Wreath Company, donated leftover wreaths to Arlington National Cemetery for placement on the headstones of fallen veterans. The event caught on and grew larger every year. In 2006, state and national veterans cemeteries, as well as private cemeteries with veteran sections, held ceremonies of their own. Wreaths Across America, with its mission to "Remember, Honor, Teach," was born.

Events associated with Wreaths Across America began in Calais, Maine, on Dec. 5 with a ceremony on the Ferry Point Bridge between the United States and Canada. A wreath laying was conducted as a way of honoring America's



Volunteers place wreaths on headstones at Alexandria National Cemetery in Virginia.

longtime ally, as well as Canadian citizens who have served in the U.S. armed forces. The National Cemetery Administration's Communications Management Service Director Dave Schettler participated in the ceremony.

"It's a very special honor to be here as we gather on behalf of two grateful nations," said Schettler. "As long as we honor our veterans, their service and sacrifices will always be remembered."

Trucks loaded with evergreens, accompanied by volunteers in cars and on motorcycles, departed the next day on a weeklong journey from Maine to Arlington National Cemetery. The caravan became a virtual media magnet as it made more than 20 stops at schools, town squares and VA hospitals along the way. In addition, the group conducted wreath ceremonies at Battery Park in New York City,

Shanksville, Pa., and the Pentagon to honor the memory of the victims of 9/11.

As in past years, media attention was plentiful and helped spread the word about Wreaths Across America events. The number of wreaths laid at Houston National Cemetery went from seven to 22,000 when local print and television outlets captured imaginations with last year's story of young Alex DeMasi, the boy who asked his father why there were no wreaths on veterans' headstones at the cemetery, prompting volunteers and donors to spring into action.

This year, Philip Merry, an insurance broker from Fort Smith, Ark., organized an effort to place a wreath on every headstone at Fort Smith National Cemetery. With the help of local media, he succeeded and volunteers placed more than 12,000 wreaths.

At every VA cemetery, participants placed at least seven wreaths—one for each service branch, one for POW/MIAs and one for the Merchant Marine. Volunteers then placed as many wreaths as possible at veterans' headstones and markers around the cemetery. Some of the wreaths were donated by the Worcester Wreath Company; others came from businesses, civic organizations and private individuals. In 2009, volunteers covered every headstone and marker with a wreath at 10 national cemeteries.

According to Worcester, there is still room for growth. "This might sound crazy," he said, "but someday I want a wreath on every single veteran's grave."

If Wreaths Across America keeps growing as it has, Worcester may someday see his wish come true. **VA**
By Chris Erbe

Park Service Travel Itinerary Highlights Historic Soldiers Homes



COURTESY VA HISTORIC PRESERVATION OFFICE

Battle Mountain Sanitarium, now part of the VA Black Hills Health Care System in Hot Springs, S.D., was part of the National Home for Disabled Volunteer Soldiers.

In his second inaugural address in 1865, President Lincoln acknowledged the nation's responsibility "to care for him who shall have borne the battle." That same year, the President signed the law establishing the National Home for Disabled Volunteer Soldiers to care for veterans who had volunteered to fight for the Union in the Civil War.

The National Home for Disabled Volunteer Soldiers, which has 11 branches, is featured in the National Park Service's newest online *Discover Our Shared Heritage* travel itinerary. The itinerary is avail-

able at www.nps.gov/history/nr/travel/veterans_affairs and can be printed as a guide. The itinerary is a partnership of the National Park Service, the National Conference of State Historic Preservation Officers, federal, state and local governments, and private organizations in communities, regions and heritage areas throughout the United States.

The homes were built for veterans who could not easily readjust into society. All had service-related disabilities, and many had families who could not care for them. While the homes were eventually opened

up to veterans from all conflicts, they ceased functioning as homes in 1930 with the creation of the Veterans Administration. At that time, they started operating as medical centers.

The homes were built between 1866 and 1876 in the following locations: Los Angeles; Danville, Ill.; Marion, Ind.; Leavenworth, Kan.; Togus, Maine; Dayton, Ohio; Bath, N.Y.; Hot Springs, S.D.; Mountain Home, Tenn.; Hampton, Va.; and Milwaukee. The Board of Managers, including the President, Secretary of War and the Chief Justice, ran the homes, along with nine additional men appointed by Congress.

Most homes were constructed using Richardsonian Romanesque, Queen Anne and Stick Style architecture. They were built on campuses often exceeding 100 acres, with parks, lakes and beer halls.

The facility setting was a mix of strict military structure and regular home environment. However, the veterans were required to wear uniforms until VA took over management of the homes in 1930.

During the day, the veter-

ans worked or participated in various recreational activities. Work consisted of constructing and repairing buildings, grounds keeping, and caring for the ill. Some branches offered blacksmithing, tinsmithing, knitting, tailoring, cigar making and stocking weaving. Veterans also farmed much of the food that they ate at the homes. When not working, the veterans enjoyed activities like swimming, boating, reading, bowling, golf and watching plays.

Some of the homes offered educational and job training opportunities to enable the veterans to reenter society. For instance, the Central Branch in Dayton taught arithmetic, algebra, English, grammar, natural philosophy, bookkeeping and telegraphy.

The travel itinerary includes a complete history of each home. You'll also find photos and drawings, maps, tips on planning your visit, and other Web sites that contain related information.

Kathleen Schamel, VA federal preservation officer, created the idea for the travel itinerary with Doug Pulak, deputy federal preservation officer.

By Andrea Sugarman

VA Research Week 2010: Celebrate Trailblazing Accomplishments

"VA Research: 85 Years of Discovery, Innovation and Advancement for Veterans" is the theme of the upcoming 2010 VA Research Week. During the week of April 26-30, the VA Office of Research and Development and research offices at medical centers nationwide will highlight the Department's rich research history and trailblazing ac-

complishments and celebrate the veterans who make the research possible. Kickoff activities will take place April 21-23 in Washington, D.C., and Richmond, Va.

"Through their pioneering studies, VA's investigators have contributed to many health breakthroughs during the research program's 85-year history," said Joel Kupersmith,

M.D., VA's chief research and development officer. "Research Week allows us to recognize these dedicated researchers, whose groundbreaking studies have laid the foundation for VA's world-class health care, and also to salute the generous veterans who make these research achievements possible by volunteering to participate in VA studies."

At VA headquarters and medical facilities around the country, Research Week 2010 will spotlight the cutting-edge contributions of VA research in the health areas most important to veterans.

Celebrate VA Research Week 2010. For information about events in your area, visit www.research.va.gov/research-week.

VA Employee is the First Winner of the President's SAVE Award

President Obama presented the first-ever SAVE (Securing Americans Value and Efficiency) Award at the White House on Dec. 21 to a VA employee from Loma, Colo. Nancy Fichtner's idea was voted the winner out of four finalists in a public online vote. More than 38,000 federal employees made SAVE Award submissions from across the country.

"We are incredibly proud of the creativity and the commitment to quality and cost savings shown by our staff," said VA Secretary Eric K. Shinseki. "Nancy's idea will not only help save tax dollars, but also help deliver better care for veterans who have dedicated their lives to ensuring our freedom and prosperity."

The President's SAVE Award invited federal employees to submit their ideas on how to make government more efficient and effective.

Fichtner's winning idea is for veterans leaving VA hospitals to be able to take the medications they have been

using home with them. Most hospitals across the country do not allow patients to take home medicines they have been using while in the hospital; instead, these medications are discarded when the patient is discharged. Fichtner's idea will be included in the fiscal year 2010 budget.

The concept involves using new technology to put the same information on the medications used in the hospital as on the medications that go home with the patients, such as detailed dosage instructions. The current system uses two separate labeling systems for inpatient and outpatient prescription use.

"First, I want to thank everyone who voted and participated in the White House SAVE award competition," said Fichtner, a fiscal program support clerk at the Grand Junction VA Medical Center. "A lot of great ideas were submitted, and I am truly honored that my idea has been chosen. As the daughter



Grand Junction, Colo., employee Nancy Fichtner (seated) accepts congratulations from co-worker Ruth Farmer on her winning submission.

and grandchild of veterans, I personally understand the sacrifice our service members and their families make. My goal as a VA employee is to help provide a safe and caring environment for veterans, and I am excited that my idea can help change their lives for the better."

The SAVE Award originated with the President's weekly address on April 25,

2009, in which he called for "new thinking and a new sense of responsibility for every dollar that is spent." To reform government, he proposed a process through which government employees could submit ideas for their agency to save money and perform better. To fulfill this promise, the Office of Management and Budget launched the President's SAVE Award on Sept. 23.

VA, Kaiser Permanente Launch Medical Data Exchange Pilot

VA and Kaiser Permanente recently launched a pilot medical data exchange program in San Diego using the Nationwide Health Information Network. The pilot enables clinicians from VA and Kaiser Permanente to obtain a more comprehensive view of a patient's health using electronic health record information, including information about health issues, medications and allergies.

"The Department of Veterans Affairs and the entire administration are encouraged by the opportunities that electronic health record interoperability provides for

veterans, service members and their dependents," said VA Secretary Eric K. Shinseki. "We are proud to join in this effort with Kaiser Permanente and to achieve the benefits of health data exchange, including improved quality, patient safety and efficiency."

Led by the Department of Health and Human Services, the NHIN provides a technology "gateway" to support interoperability standards and a legal framework for the secure exchange of health information between treating physicians, when authorized by a patient. Clinicians from the

participating organizations can electronically, securely and privately share authorized patient data, ensuring around-the-clock access to critical health information. This immediate electronic access supports increased accuracy, efficiency and safety. It also helps to avoid redundant care.

The new pilot program connects VA's VistA (Veterans Affairs Health Information Systems and Technology Architecture) and Kaiser Permanente HealthConnect®. VA beneficiaries and Kaiser Permanente members in the San Diego area were the first

to be offered the opportunity to sign up for the pilot, with the understanding that their information would not be shared without their consent. The program's next phase will add authorized data from the Department of Defense's health care system to this exchange. Plans call for this program to ultimately be made available to all veterans and service members.

"Instant access to critical health data can greatly improve not only the care and service for individual patients, but also reduce redundancy

continued on page 30

Edwina Hubert

Edwina Hubert is a self-professed jack-of-all-trades. “My grandmother told me if I learn a lot of little jobs, I’ll never be without work,” says Hubert.

From selling cars to working in the spinal cord injury unit at the Miami VA Medical Center, Hubert’s knowledge and experience is certainly well-rounded. But her biggest talent is her voice. She loves to sing—at nursing homes, church, and even at veterans’ funerals.

Hubert, a Medical Administration Service secretary, started working at the Miami VAMC in August 2005. Since then, she has worked in the outpatient clinic, call center, and Decedent Affairs, another part of the MAS unit. From scheduling appointments, to giving directions, to transporting patients, Hubert is front and center.

“I’m at the aorta of the hospital,” she says. “Where I work, I’m the first person a veteran sees. Even before the nurse or the doctor. First impressions are key. I’m someone that cares. I tell the veterans and their families, ‘you are my primary concern.’”

An Air Force veteran herself, Hubert is proud that nearly her entire family has served their country, including her father and all three of her sons. “Serving in the military

is a way of life for us,” she says.

And for her, singing at veterans’ funerals is just another way to serve. “It gives me peace to know my voice is serving God’s work,” Hubert says. “I believe he gave me this voice for a reason.”

Having sung at more than 30 funerals, Hubert doesn’t turn any requests down. “I’ll sing wherever they let me,” she says with a laugh.

Each month, for the past four years, Hubert has sung at the Miami VAMC’s nursing home care unit, a favorite pastime of hers.

As far back as she can remember, Hubert has always been singing. While in high school in Michigan, her all-girl singing group made it through several competitions, once even losing to a then-unknown Gladys Knight. But each member went their separate ways and Hubert joined the military.

While in the Air Force, Hubert competed for a chance to perform in the Tops in Blue singing group, but couldn’t pursue it fully because of her career and family. “My dream to sing has never died,” says Hubert, “I just pursue it in other ways now.”

But Hubert gives more than just her voice. In 2008, she was the recipient of a



Edwina Hubert sings at veterans’ funerals.

LARRY GILSTAD

no-interest emergency loan through the Federal Employee Education and Assistance Fund.

She was surprised to learn the fund existed, and after applying, received the money she needed. Since then, Hubert has decided to keep contributing to the fund, even though her original allotment was paid back in full.

“No one knows when they’re going to need something like this,” Hubert says. “I have become such an outspoken advocate for them. It’s a wonderful program and their assistance is out there to help you. I’m blessed and I try my best to assist the VA’s veterans and families, just like they have helped me.” **VA**
By Amanda Hester

Data exchange pilot cont.

and waste in health care, saving precious resources for care delivery,” said John Mattison, M.D., assistant medical director and chief medical information officer, Kaiser Permanente Southern California. “Enhanced patient safety, efficiency, convenience and doctor-patient communication all can be facilitated by health

care information technology, and we have developed a secure and private way to exchange the information caregivers need that we hope will become a model for interoperability in health care.”

Since more than half of America’s veterans and service members receive some portion of their health care outside

of VA or DoD facilities, interoperability between federal agencies and the private sector is essential to provide the best care for veterans, service members and their dependents.

With the new health data exchange capability, when a veteran visits a clinician, prior history data will be available instantly to help guide the best

possible treatment in any location that participates in this program. Prior to this project, patients frequently consented to sharing this information; however, it regularly took weeks or even months to receive paper health care documents. Now, this information can be transmitted electronically, within seconds. **VA**

Researchers Discover Method to Objectively Identify PTSD

Researchers at the Minneapolis VA Medical Center and the University of Minnesota have identified a potential biological marker in the brains of people exhibiting post-traumatic stress disorder.

Seventy-four veterans were involved in the study, which for the first time objectively diagnosed PTSD using magnetoencephalography (MEG), a non-invasive measurement of magnetic fields in the brain. It's something conventional brain scans such as X-ray, CT or MRI have failed to do.

With more than 90 percent accuracy, researchers were able to differentiate PTSD patients from healthy control subjects (250 people with clean mental health) using the MEG. All behavior and cognition in the brain involve networks of nerves continuously interacting—these interactions occur on a millisecond by millisecond basis. The MEG has 248 sensors that record the interactions in the brain on a millisecond by millisecond basis, much faster than current methods of evaluation, such as functional magnetic resonance imaging (fMRI), which takes seconds to record.

The measurements recorded by the MEG represent the workings of tens of thousands of brain cells. This recording method allowed researchers to locate unique biomarkers in the brains of patients exhibiting PTSD.

The findings were published Jan. 20 in the *Journal of Neural Engineering*. The study was led by Apostolos Georgopoulos, M.D., Ph.D., and Brian Engdahl, Ph.D.—both members of the Brain Sciences Center at the Minneapolis VA Medical Center and the University of Minnesota.

“These findings document robust differences in brain function between the PTSD and control groups that can be used for differential diagnosis and which possess the potential for assessing and monitoring disease progression and effects of therapy,” Georgopoulos said.

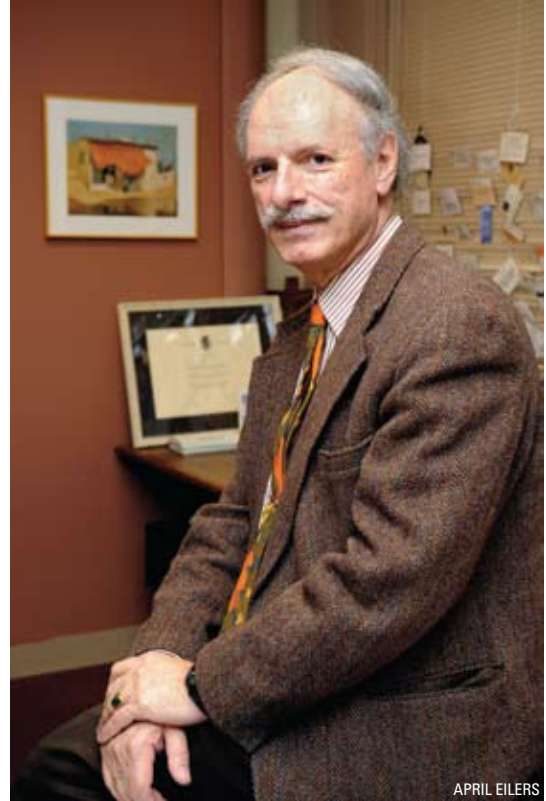
The ability to objectively diagnose PTSD is the first step towards helping those afflicted with this severe anxiety disorder. It often stems from war, but can also be a result of exposure to any psychologically traumatic event. The disorder can manifest itself in flashbacks, recurring nightmares, anger or hypervigilance.

Besides diagnosing those with PTSD, the researchers are also able to judge the severity, which means the MEG may be able to be used to gauge how badly patients are impacted by other brain disorders.

It is likely that the study will be replicated and administered to a larger group to assure the accuracy of its results.

This work, specifically on detecting PTSD, follows success in detecting other brain diseases, such as Alzheimer's and multiple sclerosis, using MEG, as reported in September 2007.

The research was funded by VA and the American Legion.



Apostolos Georgopoulos, M.D., Ph.D., co-led a study that identified a potential biological marker in the brains of those exhibiting post-traumatic stress disorder.

APRIL EILERS

Pivotal Study Could Establish New Standard of Care for Preventing Surgical-Site Infections

Patients whose surgeons use chlorhexidine-alcohol rather than povidone-iodine to cleanse their skin before surgery are approximately 40 percent less likely to experience surgical-site infections.

In a study published in the Jan. 7 issue of *The New England Journal of Medicine*, researchers from four VA medical centers and two non-VA hospitals found preoperative cleansing of patients' skin with chlorhexidine-alcohol is superior to cleansing with povidone-iodine for preventing surgical-site infection.

“The overall rate of surgical-site infection using chlorhexidine-alcohol was 9.5 percent, compared to 16.1 percent with povidone-iodine. These findings indicate only 17 patients need to receive an optimal skin antiseptic preparation in order to prevent one infection,” said Rabih O. Darouiche, M.D., principal author of the paper, staff physician at the Michael E. DeBakey VA Medical Center in Houston, and VA Distinguished Service Professor of Medicine and Physical Medicine & Rehabilitation at

Baylor College of Medicine.

“The results of this study are extremely significant since two-thirds of surgical-site infections are confined to the incision.”

A clinical trial involving 847 evaluable patients was conducted between April 2004 and May 2008 at the DeBakey VA Medical Center; the VA Boston Healthcare System; the Clement J. Zablocki VA Medical Center in Milwaukee; the Atlanta VA Medical Center; the Medical College of Wisconsin, Milwaukee; and Ben Taub General Hospital in

Houston.

Approximately 27 million surgical procedures are performed each year in the United States. Despite the implementation of preoperative preventive measures, which include skin cleansing with povidone-iodine (the current standard of care practice for surgical-site antiseptics), surgical-site infection occurs in 300,000 to 500,000 surgery patients each year in the United States.

The Centers for Disease Control and Prevention has recommended the use of chlo-

rhexidine-based preparations, but it has not made a recommendation as to the type of antiseptics that should be used for pre-operative prevention of surgical-site infection.

The two antiseptics studied are manufactured by CareFusion, a company formed by Cardinal Health, which funded the research. One author is from Cardinal Health and substantially contributed to the design and conception of the study and critically revised the manuscript. However, this author played no role in data collection or analysis.

For more than 30 years, VA has been a leader in conducting comparative effectiveness research—head-to-head studies that help clarify which among two or more health interventions works better for a given health condition in certain patients. Some of these trials compare one drug to another, while others compare different approaches such as surgery versus an accepted drug therapy, or dif-



Rabih O. Darouiche, M.D., staff physician at the Michael E. DeBakey VA Medical Center in Houston, was principal author of the study.

ferent ways to deliver care to patients. By comparing drugs or other medical approaches,

VA's comparative effectiveness research is providing evidence-based information that can

be used in shared decision-making by health professionals and their patients.

Low-Carb Diet Edges Out Weight-Loss Drug for Lowering Blood Pressure

In a head-to-head comparison, two popular weight-loss methods proved equally effective at helping overweight and obese veterans shed pounds. But in a surprising twist, a low-carbohydrate diet proved better at lowering blood pressure than the weight-loss drug orlistat, reported researchers with VA and Duke University Medical Center in the Jan. 25 *Archives of Internal Medicine*.

The findings send an important message to those with hypertension who are trying to lose weight, said lead author William S. Yancy Jr., M.D., of the Durham VA Medical Center and Duke. "If people have high blood pressure and a weight problem, a low-carbohydrate diet might be a better

option than a weight-loss medication. It's important to know you can try a diet instead of medication and get the same weight-loss results with fewer costs and potentially fewer side effects."

The 146 men and women in the yearlong study had a range of health problems typically seen with obesity—diabetes, high blood pressure, high cholesterol, arthritis. Nonetheless, they saw impressive results from the study treatments: The average weight loss for both groups was nearly 10 percent of body weight.

Yancy attributed much of the success to the group counseling that was offered to both sets of patients, noting that it may have played an especially

key role for those taking orlistat, the gastrointestinal side effects of which can be mitigated by strict adherence to a low-fat diet. "People tolerated orlistat better than I expected," said Yancy. "We counseled people on orlistat in our study fairly extensively about the low-fat diet."

The two methods proved equal not only for weight loss, but also for reducing levels of cholesterol and blood sugar. With regard to blood pressure, though, there was a distinct edge to the low-carb approach. Some 47 percent of patients in the low-carb group were able to decrease or discontinue their blood pressure medication, while only 21 percent of the orlistat group were

able to do so. Yancy said the mechanism is unclear. "While weight loss typically includes improvements in blood pressure, it may be that the low-carbohydrate diet has an additional effect." He said the physiologic effect may be the topic of future studies.

The take-home message, said Yancy, is that many diet options are proving effective at weight loss, but patient counseling may be a critical piece of the puzzle. "It is clear now that several diet options can work, so people can be given a choice of different ways to lose weight. But more importantly, we need to find new ways to help people maintain their new lifestyle." **VA** - *VA Research Currents*

VA Opens New Regional Office in Idaho

On Dec. 17, Idaho's new VA regional office was dedicated on the grounds of the Boise VA Medical Center campus. The 25,000-square-foot office building serves as VA's benefits processing center for more than 136,000 Idaho veterans filing claims for disability compensation, pension, vocational rehabilitation and survivor benefits.

The office is also home to several veterans service organizations, such as Disabled American Veterans, and the Idaho Division of Veteran Services. VA's outgoing Under Secretary for Benefits Patrick W. Dunne made a special appearance, along with former Idaho Sen. Larry Craig, past chairman of the Senate Veterans' Affairs Committee, who was instrumental in securing funding for the new building.



Outgoing VA Under Secretary for Benefits Patrick W. Dunne cuts the ribbon with Larry Landa, center, president of LarKor Construction, and Jim Vance, right, director of the Boise VARO.

Winter Weather Prompts Columbia VAMC Donations to Emergency Shelters

When record-breaking winter weather hit the Midwest Jan. 4-8, Health Care for Homeless Veterans Program staff from the Columbia (Mo.) VA Medical Center hit the streets looking for homeless veterans to direct to emergency shelters. They reached several veterans and also connected with emergency shelters to help with supplies. The Salvation Army shelter in Columbia needed additional cots to expand "bed" capacity and got them from the VA medical center, along with coats, gloves, scarves, blankets and pillows donated by employees.

The weeklong drive to gather supplies generated a tremendous response and all identified needs, including a size 5X coat for a homeless veteran, were met. A local TV station and newspaper covered VA's leadership in helping the homeless. The effort collected 543 items, including 63 coats, 90 pairs of socks, 40 pairs of gloves, 35 hats, 29 blankets, 12 pillows and 183 personal care items.

Left to right: Sarah Froese, Columbia VAMC Health Care for Homeless Veterans program supervisor; Katie Burnham, Health Care for Homeless Veterans program coordinator; and Chris Clemens, volunteer and Navy veteran, with winter weather items donated by employees for local emergency shelters.



Nurse Offers Comfort to Veterans with Handmade Blankets

For the past year, Kim Rolf, a nurse at Nebraska's Omaha VA Medical Center, has been making blankets for patients in the ambulatory care clinic where she works. Shortly thereafter, she expanded into the hospital's palliative care program, where her red blankets, decorated with white stars and navy eagles, are often incorporated into patients' end-of-life bedside ceremonies.

In every respect, it's been a difficult year for Rolf, who was injured in a multi-vehicle accident and required multiple surgeries. Despite this, Rolf made almost 50 blankets for veterans, each taking about an hour to make. Recently, an American Legion Ladies Auxiliary Rainbow Post from Iowa provided funds to purchase 80 more yards of fleece. Rolf still tears up when she talks about her experiences with veterans. "The more I stay here, the more I wish I had come here sooner," said Rolf, a nurse for 14 years, three with VA.

Employees Blog with the Houston Chronicle

Employees from the Michael E. DeBakey VA Medical Center in Houston recently participated in a major opportunity to spread the word about VA health care and services during a Live Chat on the *Houston Chronicle's* MedBlog. For over an hour, employees Briggette Allen, eligibility supervisor, and Michele Farrow, patient advocate supervisor, chatted with bloggers on topics ranging from services for homeless women veterans and post-traumatic stress disorder to VA's suicide prevention program. In addition, questions on how to apply for benefits, eligibility and Veterans Chat were addressed.

HAVE YOU HEARD

U.S. Colored Troops Honored at Nashville National Cemetery

Paul H. Martin, director of the Nashville National Cemetery, and Donna F. Coleman, program assistant at the cemetery, participated in a wreath-laying ceremony honoring the U.S. Colored Troops on Dec. 15. The event was sponsored by the African American Cultural Alliance.

Audience members viewed displays depicting the heroics and patriotism of the U.S. Colored Troops from the Civil War. Participants laid a ceremonial wreath at the base of the U.S.C.T. statue in remembrance of the fallen soldiers. Re-enactors from the 13th U.S.C.T. stood post at the statue. One of the re-enactors, Sgt. Bill Radcliff, is the real-life model for the statue. Abe Lincoln, as portrayed by re-enactor Dennis Boggs, spoke about the sacrifices of the U.S.C.T. Various speakers came forward and expressed their gratitude and appreciation of the sacrifices made by so many unsung heroes.



Re-enactors from the 13th U.S.C.T. stood post at the statue.

Holiday Letter Writing Mission Motivates Acquisition Academy Students

VA Acquisition Academy students partnered with a local nonprofit organization and Frederick County, Md., public schools in a letter writing campaign to thank U.S. troops stationed abroad during the holidays. The students wrote holiday cards and letters to service members stationed overseas, and the day before Thanksgiving, Academy students stuffed and mailed 1,700 letters to U.S. service

members, topping their goal of 1,300. Academy student Zebulon Fox, an Army reservist, kicked off the program in uniform on Veterans Day by addressing students during morning announcements via closed-circuit television.

VA Acquisition Academy students are part of the Acquisition Internship School, which differs from most traditional acquisition intern programs with its holistic ap-

proach emphasizing mission service, leadership, interpersonal and communication skills development in addition to technical contracting skills. As part of the program, students are tasked with developing and participating in mission service projects to help them connect with VA's mission of serving veterans. For more information about the VAAA, visit www.acquisition-academy.va.gov.

Facebook, Twitter Unblocked for VA Employees

The VA Office of Information and Technology recently removed the Internet gateway block of the social networking Web sites Facebook and Twitter. Only staff members authorized to speak for their individual program or field facility can create or comment on official VA social networking sites, though all employees can monitor conversations of veterans on VA social media sites.

Users are reminded of the Department's policies concerning limited personal use of government office equipment, including information technology, and national rules of behavior in which employees are permitted limited use of such equipment for personal needs if the use does not interfere with official business and involves minimal additional expense to the government. The limited personal use of government equipment should take place during an employee's non-work time.

Health Resource Center Employees Give Back to Those Who Served

In recognition of Breast Cancer Awareness Month, employees from the Health Resource Center in Topeka, Kan., participated in the Team Pink Decorating Contest hosted by the HRC's Employee Association. Team H won the contest, which was held on Oct. 15, along with a \$50 gift card, and decided to share the wealth.

Using the gift card, the team members made a basket filled with food, magazines, toiletries and other items, and presented it to the veterans at the VA Eastern Kansas Health Care System's Community Living Center. Thanking them for their service, the team members enjoyed spending time with the residents. Part of the Veterans Health Administration's Chief Business Office, the Topeka HRC is located on the campus of the VA Eastern Kansas Health Care System.



Members of Team H at the Health Resource Center in Topeka, Kan., who decided to share the wealth from their contest win.

Norwegian Army Chaplains to Spend Three Years at St. Cloud VA Medical Center

It all began with an international e-mail asking a VA chaplain to consider a proposal. Rev. Linda Campbell, Association for Clinical Pastoral Education supervisor, was about to hit “delete” when she took another look. Two Norwegian army chaplains, Maj. Torstein Holten and Maj. Kyrre Klevberg, were inquiring about enrolling in VA’s clinical pastoral education to become certified as ACPE supervisors. As chaplains for the past 12 years, they hoped to bring their experience back to Norway’s military.

With all expenses paid by the Norwegian army, the chaplains asked to complete their three years of clinical and supervisory training at Minnesota’s St. Cloud VA Medical Center. After two in-person visits, rigorous interviews, numerous e-mails and telephone communication, the chaplains enrolled and began their studies. Since then, the chaplains have become integral members of the PTSD treatment team at the St. Cloud VAMC, offering spirituality groups and one-to-one counseling to veterans.



Maj. Kyrre Klevberg, left, and Maj. Torstein Holten enrolled in VA’s clinical pastoral education program.

VA Selects Permanent Location for Historic Civil War Monument

The Frazier International History Museum in Louisville, Ky., was recently selected by VA as the new home of the Bloedner Monument, the nation’s oldest Civil War memorial. In December 2008, the 5-foot-long monument was removed from Louisville’s Cave Hill National Cemetery and transported to a temporary facility, where it was professionally conserved against further damage.

“The removal of an important monument from a national cemetery is rare and was not undertaken without great deliberation,” said VA Secretary Eric K. Shinseki. “However, the overwhelming significance of the Bloedner Monument and its failing condition warranted this unusual step.” The limestone monument, carved in January 1862 by Pvt. August Bloedner, commemorates his fellow soldiers of the 32nd Indiana Infantry, all German immigrants who fell in the Battle of Rowlett’s Station near Munfordville, Ky. Later this year, a new version of the monument will be placed at Cave Hill National Cemetery. **VA**



The Bloedner Monument after restoration. Removed from Cave Hill National Cemetery in Louisville, Ky., for conservation, it has a new home at a local museum.

A Telethon With a Twist in Salt Lake City

It was a telethon with a twist. Instead of asking for donations, the Veterans Day telethon conducted by the Salt Lake City VA Medical Center and Regional Office and the local CBS affiliate asked for questions about services and benefits for veterans. VA employees staffed phones and computers during the 12-hour broadcast, responding to questions and comments from veterans and active duty military personnel and their families. They logged more than 400 calls dealing with disability claims, health care, the new GI Bill education program and most other benefits.

The station’s morning show host kept the tone bright and lively, but the focus throughout the day was getting veterans and their families involved in finding out more about VA programs and services. The telethon was supplemented by sister radio station interviews with benefits experts, elected officials and other dignitaries who showed up throughout the day to honor veterans and even answer phones.

Salt Lake VA Medical Center public affairs officer Jill Atwood said the telethon was “part of an ongoing effort to reach out to Utah veterans young and old and urge them to take advantage of the benefits they have earned—benefits many veterans may not be aware of.”

HONORS

VA Research Center in Albuquerque Receives Baldrige Award

VA's Clinical Research Pharmacy Coordinating Center in Albuquerque, N.M., is a recipient of the 2009 Malcolm Baldrige National Quality Award—becoming only the second federal agency to win the nation's highest award for organizational excellence. The Baldrige award is America's highest honor for innovation and performance excellence, presented annually by the President to U.S. organizations judged to be outstanding in seven areas: leadership; strategic planning; customer focus; measurement, analysis, knowledge management; workforce focus; process management; and results.

As part of the VA Research and Development Program, the Clinical Research Pharmacy Coordinating Center manages the devices and pharmaceuticals that are used in research trials conducted within the VA health care system. In the last three years, the center supported studies involving 90,000 patients per year across the country, ultimately benefitting millions of veterans and other Americans. The center manufactures drugs, placebos and devices, distributing them throughout the VA system to various clinical trial sites.



Dianne Peterson conducts laboratory testing to verify products meet specifications to ensure patients receive the correct drug dose.

ALBUQUERQUE VAMC MEDICAL MEDIA

Buffalo VA Prosthetics Named Best in the Nation

VA Western New York Healthcare System at Buffalo was presented the National Prosthetic Facility of the Year Award after being selected best among all VA medical centers in the United States on National Prosthetics Day, Nov. 16. Buffalo VA Prosthetics earned the award due to success in all metrics, such as timeliness, outstanding service and systems improvement. Buffalo VA re-designed service flow for better patient care to include a waiting area with toys for children. In addition, the department received and implemented the use of a computer-aided design system for prosthetics and orthotics.

The Buffalo VA Orthotics and Prosthetics Lab is accredited by the American Board for Certification in Orthotics and Prosthetics Inc. and the National Commission on Orthotic and Prosthetic Education. The award was officially presented to the Buffalo VA by Fred Downs, chief prosthetics and clinical logistics officer in headquarters, during a vendor fair showcasing prosthetic equipment and devices.

Researcher Wins Award for Excellence in Hospital Care

Dr. Linda Resnik, a physical therapist and research scientist at the Providence VA Medical Center, recently won a Hospital Association of Rhode Island Award for Excellence in Hospital Care. Resnik is principal investigator for two large VA research studies, including the high-profile “Deka Arm.” She is also the first VA investigator to develop a formal assessment process to better understand how returning soldiers reintegrate into civilian life.

Over the past two years, Resnik has been a grant reviewer for the military amputee program of the Henry M. Jackson Foundation for the Advancement of Military Medicine; a reviewer for the Foundation for Physical Therapy; grant reviewer for the Multiple Sclerosis Scientific Research Foundation; and an ad-hoc reviewer on quality and intervention effectiveness for the VA Scientific Merit Review Board. She is also an associate professor in Brown University’s Department of Community Health.



COURTESY HOSPITAL ASSOCIATION OF RHODE ISLAND

Dr. Linda Resnik accepts the award from Vincent Ng, director of the Providence VA Medical Center.

Pharmacist Wins Management Innovation Award

Susan H. Lee, a VA Puget Sound Health Care System staff pharmacist, won the 2009 Under Secretary for Health Annual Pharmacy Award – Pharmacy Benefits “Management Innovation Award.” The Pharmacy Benefits Management Innovations Award honors pharmacy staff members who have demonstrated exceptional leadership and have a positive influence locally, throughout the Veterans Integrated Service Network, or system-wide within the Veterans Health Administration. Lee won the award for her work in the surgical intensive care unit with her collaborative practice and expertise.



Lee

Shreveport VA Nurses ‘Get Certified’

Overton Brooks VA Medical Center in Shreveport, La., won the “Let’s Get Certified” campaign 2009 Development Award. The Let’s Get Certified campaign, launched by the Office of Nursing Services, was designed to offer guidance, resources and encouragement to support facility efforts in increasing the number of nurses with certification in their chosen fields.

Overton Brooks accepted the challenge and achieved the highest percentage of nurse certifications of any VA medical facility in the country. Cathy Rick, chief of the Office of Nursing Services, presented the top award and a \$10,000 grant, which will be used for special nursing projects at the medical center. Nursing certification is a formal recognition of the specialized knowledge, skills and experience that promote optimal health outcomes.

HONORS

VHA's Bar Code Resource Office Wins Cheers Award

The Institute for Safe Medication Practices awarded the Veterans Health Administration's Bar Code Resource Office the prestigious Cheers Award for 2009. The 12th Annual Cheers Award honors individuals, organizations and agencies that have set a superlative standard of excellence for others to follow in the prevention of medication errors and other adverse events.

Problematic bar codes are evaluated by Bar Code Resource Office employees throughout VA medical centers to determine whether the print quality of the bar code meets the American National Standards Institute and International Organization for Standardization criteria. The Bar Code Resource Office also engages the Institute for Safe Medication Practices to continue to improve scan-ability of bar codes. ISMP is a nonprofit organization that works closely with health care practitioners and institutions, regulatory agencies, consumers and professional organizations to provide education about medication errors and their prevention.



COURTESY INSTITUTE FOR SAFE MEDICATION PRACTICES

Michael R. Cohen, left, president of the Institute for Safe Medication Practices, presented the group's Cheers Award to representatives of VHA's Bar Code Resource Office at an event in December.



MICHAEL EDRINGTON

VACO Employee Earns Civilian Service Medal

Lucretia McClenney, director of the Center for Minority Veterans, was recently awarded the Outstanding Civilian Service Medal by the Army for her work on a book entitled *For Children of Valor: Arlington National Cemetery*. The award, which is the third highest honor the Department of the Army can bestow upon a civilian, was presented to McClenney in her capacity as the director of the nonprofit Arlington National Cemetery Commemorative Project Inc.

She oversaw the development of the book, which was created to assist children affected by the loss of a loved one and help them understand and process their grief. The Arlington National Cemetery Commemorative Project produced the book with illustration and photography support from the *Washington Post*.

Left: Lucretia McClenney accepts her award from Jack Metzler, superintendent of Arlington National Cemetery.

Jackson VA Doctor Appointed to Key National Committee

Dr. Stephen Geraci, chief of Medical Service at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Miss., and professor and vice chairman of internal medicine at the University of Mississippi School of Medicine, has been appointed to the Health and Science Policy Committee of the American College of Chest Physicians.

The committee writes and reviews major evidence-based guidelines, expert consensus statements, and standard of care documents on a broad array of diseases of the heart and lungs, which are considered the "practice standards" for their topics. Some of the most well-known projects include the antithrombotic and thrombolytic drug guidelines, guidelines for lung cancer, pulmonary hypertension, asthma, chronic lung disease, critical care medicine and sleep disorders. **VA**



Fort Custer National Cemetery Staff Reunites Family With Cremains

The staff of Fort Custer National Cemetery in Augusta, Mich., received a visitor with an unusual request on Dec. 1. The visitor was an auctioneer carrying an urn with cremated remains. He had purchased a storage facility in a bankruptcy sale and found the urn, marked with a name and a date: March 5, 1998. He wanted to know if the deceased was a veteran entitled to burial at the cemetery.

The auctioneer gave the next-of-kin information to Roy Luera, cemetery director, and Anna Garcia, administrative support assistant, and told them he'd had no luck getting the son to return his calls. Luera and Garcia verified that the deceased was an honorably discharged veteran and contacted their Memorial Service Network office to find out if they should accept the remains. Karen Duhart, chief of operations, MSN IV, instructed Luera not to accept the remains until they received information from the crematory and made an attempt to locate the next-of-kin.

Luera learned that the spouse of the veteran died in February 2007. Duhart's Internet research found someone whose name and other details seemed to fit with the information the auctioneer provided. She sent an e-mail but received no response. A week later, after another Internet search, she found a different e-mail address and sent another message asking if this was the son of the veteran. Almost instantly she received a reply: "I have been trying to locate these remains," the man wrote. "The storage facility went out of business, and I had no contact number." Duhart gave the auctioneer's contact information to the son so he could claim his father's remains.

Utah VA Medical Center Delivers Its First Baby

It was about 1 a.m. when Jim Mercer, night supervisor at the Salt Lake City VA Medical Center, and a nurse were alerted that a woman was bleeding in the facility's parking lot. "We just heard that [she] was in the car bleeding. We had no idea whether she was shot or stabbed. No one said anything about [her] being pregnant," Mercer told the *Salt Lake Tribune*.

Apparently, the neighbors of the pregnant Jordanian woman, who was experiencing labor pains, drove her to the wrong hospital. While the woman's neighbors were in the facility asking for help, the woman began crawling on all fours toward the hospital. "The nurse picks her up next to the car and feels the baby bump and says, 'I think I know what's going on,'" recalled Mercer.

A quick assessment of the patient revealed a crowning baby and no time for transfer to another hospital. She was immediately rushed into the facility, and 15 minutes later, a baby girl was born—a first for the hospital. "My average patient is 78 years old and male," said Mercer. Mother and daughter were safely transferred to University Hospital, where they were met by the father.



Sara Al Masoudi, with mom Inam Razzouk, became the first baby born at the Salt Lake City VA Medical Center.

Northport VA Physician Saves a Jogger

Dr. Colin Clarke, an attending physician in the Northport VA Medical Center's Nuclear Medicine Department, used the CPR training he received at the Long Island, N.Y., veterans' facility to help save the life of a man who went into cardiac arrest and collapsed while jogging in the community. An off-duty paramedic, who arrived on the scene at the same time, assisted Clarke. Together, the two were able to resuscitate the jogger after about 15 minutes.

Clarke credits Northport's Learning Systems staff educators for the knowledge he needed to save the stricken jogger. Clarke's training included competency verification in adult, child and infant CPR and foreign body airway obstruction management (conscious and unconscious), and the automated external defibrillator. **VA**

Farewell to a Hero

Medal of Honor recipient and retired VA employee Robert L. Howard was buried at Arlington National Cemetery on Feb. 22. Howard, who died in December at age 70, was one of the most decorated soldiers of the Vietnam War. He was laid to rest near the Tomb of the Unknowns, in a section where 14 other MOH recipients, including Matt L. Urban, James H. Doolittle, and Gregory "Pappy" Boyington, are buried.



OLIVER WENDELL LEWIS
MAJOR GENERAL
UNITED STATES AIR FORCE
AUG 12 1923 — MAY 16 1994
VIETNAM

CHARLES E. BIGLER
COMMANDER
UNITED STATES NAVY
JULY 12, 1924 — DEC. 25, 2003
BELOVED WIFE AND LOVING MOTHER
BERNICE RAINS BIGLER
OCTOBER 27, 1920 — FEBRUARY 1998

DAVID STUART PARKER
MAJOR GENERAL

HEISER, JR.
ANT GENERAL
ARMY

JOSEPH BARTHOL
"IRON"
COL
UNITED ST
MARCH 12, 1919