

U.S. Department of Veterans Affairs

VAanguard

July/August 2010

Choosing to Serve
Health Care IT Solutions
VA Research: 85 Years and Counting
Stimulus Projects Update



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On the cover

Mackenzie Schroeder is a registered nurse at the Minneapolis VA Medical Center and an Air Force reservist who was twice deployed to Iraq. She shares her story of what it's like "over there" and what it's like to come home and return to work at VA. *photo by April Eilers*

Gray Power

Army veteran David Diamond, 61, of Riverside, Calif., was one of more than 700 veterans who competed in the 24th National Veterans Golden Age Games in Des Moines, Iowa, May 26-31. The Games are open to veterans age 55 and older who receive medical care through VA. The largest sporting event in the world for senior veterans, the Games are sponsored by VA, Help Hospitalized Veterans and Veterans Canteen Service.





Find a Passion That Gives Your Life Meaningful Purpose

Eric K. Shinseki
Secretary of Veterans Affairs

Editor's note: *It's graduation season, and Secretary Shinseki sent graduates of the University of Vermont and the University of Maryland University College off into their brave new world with a commencement reminder that the challenge of beginning a career and making a life shouldn't overshadow the obligation and opportunity to serve others; in fact, as his following remarks indicate, service to others is necessary for a full and complete life.*

It is said that “some people succeed because they are destined to, but most people succeed because they are determined to.” Many of you juggled family, work and school to complete your studies. You took the time and money others spent on recreation, and you invested it in an education.

Now, you have more time again. You own the potential for better jobs at higher pay. You know what it takes to organize yourselves to achieve an incredibly difficult goal like this one. And more importantly, you now have the luxury of deciding how to share your time and your talents with those less fortunate.

Make no mistake about it; one of life's greatest gifts is to have meaningful purpose to what you do every day, beyond getting up and going through the routine of making a living. Fulfilling that purpose is part of your reward.

I'm talking about more than just “random acts of kindness” here. Random acts of kindness are important, but they are not enough. What is

most needed are people who are regularly, habitually and deliberately kind—people who make caring for others a personal devotion, a part of their everyday lives.

Someone once wrote that “volunteers don't get paid—not because they're worthless, but because they're priceless.” Well, at VA, we do calculate the value of what our 140,000 volunteers provide by serving veterans at our hospitals, vet centers and cemeteries. Conservatively, they donate \$240 million in labor and \$83 million in donations each year.

But there are things that they do that cannot be

ing when his commencement speaker was going to wrap up.

Then, as now, the nation was at war, and so right after graduation, Murphy joined the Marines. In a few short months, he was in Korea commanding a platoon in combat.

In February 1953, Murphy's platoon was held in reserve while the rest of his company attacked a heavily fortified hill. During the assault, most of the company's officers and noncommissioned officers were killed or wounded. The battered company was leaderless on the hilltop and taking more casualties.

From below, Murphy

2nd Lt. Murphy was awarded the nation's highest award for valor, the Medal of Honor.

His record of service didn't end there. Murphy went on to serve 23 years with VA as a counselor and director of veteran services in New Mexico. And after retiring from the federal government, he chose to serve veterans another eight years as a volunteer at the Albuquerque VA Medical Center.

Murphy died in 2007 and insisted on being buried in his VA volunteer's jacket. Coming from a Marine Medal of Honor recipient, that says a lot about the fulfillment found in

What is most needed are people who are regularly, habitually and deliberately kind—people who make caring for others a personal devotion, a part of their everyday lives.

converted into dollar values. What's the price of a thank you? How about an hour of patience? What's the going rate for dignity and respect for combat veterans, who have already given so much? Such values cannot be calculated, yet these are things veterans remember and mention to me whenever we meet.

We can no more put a value on kindness than we can put a price on heroism. Kindness and heroism are not as far apart as you might think. Let me share a short story.

Jerry Murphy grew up in Pueblo, Colo. After finishing high school in 1947, he went straight to college. Graduating four years later, he was sitting where you are now—wonder-

could see that something had gone wrong. He immediately seized the initiative and led his platoon up the hill. Arriving on the objective, Murphy found that the numbers of dead, dying and wounded were significant.

Rallying his fellow Marines, Murphy began evacuating the wounded—carrying many of them himself and re-organizing the company to enable a withdrawal under fire. Wounded twice, he refused medical attention until he had accounted for every Marine and led his rescue party to safety.

Murphy was the last man to leave that bloody hilltop. For voluntarily risking his life to save his fellow Marines,

servicing others.

Murphy was first and last a volunteer. The same kindness—the same shared sense of humanity that drove him up that hill in search of fellow Marines—also motivated his many years of service to veterans.

With your new degree, there are many things you will be able to do for yourself, but there are also many things you can do for others. My advice and appeal to you is to find purpose for your lives.

Find a passion that gets you up each day and makes it difficult to turn in each night. And if it's serving others, either publicly or privately, this country and the world will be a much better place. [VA](#)



New Claims Campaign Aimed at Addressing Backlog

Mike Walcoff
Acting Under Secretary for Benefits

We've asked VA employees to challenge our core business practices as we aim for a high mark to improve our service to the nation's veterans. I'm confident the Veterans Benefits Administration's hard-working front-line staff is up to the challenge of making our 21st-century transformation a reality.

Changes have been implemented before, but our re-examination of processing now is driven by our front-line employees and managers who know their jobs and their needs the best, those who want to serve veterans fairly and rapidly.

Secretary Shinseki has set the mark to break the back of the backlog in a very specific way: by 2015, there should be no rating claim in VBA's inventory taking more than 125 days to complete. Progress in serving veterans more quickly must be matched with outstanding rating accuracy of no less than 98 percent.

Our response is serious and our resolve unwavering. We call this response the VBA Claims Campaign.

In part, we've taken a radical approach through a simple virtue some may suspect is sometimes forgotten in Washington: listening. We asked our claims processing employees, our managers and our administrative personnel for their best ideas on how we can adjust processes and provide the tools needed for excellence.

The result: We have dozens of initiatives in progress vigorously testing these changes while measuring and

monitoring the impacts. Some early activities are already moving to full implementation, and results will be tangible to our staff and our stakeholders.

As you read in the last issue of *Vanguard*, we started with President Obama's call in August 2009 for an Innovation Initiative Competition seeking fresh ideas from employees. We've supplemented the 10 winning ideas with more than two dozen additional strategies from both our field and headquarters personnel.

Momentum is building as we retool our business models to make us more veteran-centric, accessible and productive—in short, agile and less bureaucratic.

Starting with 3,200 employee suggestions from the

Momentum is building as we retool our business models to make us more veteran-centric, accessible and productive—in short, agile and less bureaucratic.

competition and additional synergy of ideas from our enthusiastic regional office and area directors at a March conference, we are moving forward. By May, some ideas were in pilots or small-scale execution, but some also were already being implemented as national policy.

We are reaching out to veterans more often by telephone to resolve questions and gather evidence. We need thoughtful triage of claims to identify those that can be quickly paid based on initial evidence to get the veteran what we can today while other issues are resolved. For ex-

ample, some regional offices are working to serve veterans immediately by encouraging them to come in person with all the evidence needed to leave the office that day with a rating decision.

One field team is building a new employee recognition program for our veterans service representatives and rating veterans service representatives whose work is of the highest quality and who are, at the same time, highly productive. Their skill and expertise can be an inspiration to newer employees as we sustain a workplace where excellence is acknowledged and valued.

We are being careful to protect veterans' rights as a highest priority as we expand our pilot program to expedite "fully developed" claims to all

through Hey VA messages, videoconferences and *Vanguard* in the future. A link to additional information about the initiatives is available on the VBA Intranet home page.

The department faces a remarkable challenge with the unprecedented volume of disability claims being filed—with more disabilities in each claim, more complex medical issues, new mandates and the fruits of effective outreach and transition services, particularly as veterans leave ongoing military operations with residual issues ranging from post-traumatic stress disorder to musculoskeletal disabilities. At the same time, we're honored to provide new benefits for some Vietnam veterans and Gulf War veterans based on new policies.

regional offices nationwide. These "fully developed" claims are submitted with certification that all available evidence is included with the claim, which allows us to deliver a rating decision more rapidly.

These are just a few of the Campaign Plan innovations, and we hope to provide you more detail and updates

As we try radical new strategies to meet the challenge of this rising tide by embracing constructive change, one principle will stand above all the programs and paperwork and processes. We will faithfully put our veterans first to ensure they are served fully and fairly to obtain the benefits they rightfully earned. **VA**

Breaking the Back of the Backlog

Reducing the disability claims backlog is a top priority of Secretary Shinseki. By 2015, there should be no rating claim in VBA's inventory that takes more than 125 days to complete. And speedier processing must be matched with rating accuracy of no less than 98 percent.

Inside Information

The department will implement a set of health care IT solutions put forth by those who know the challenges best: employees.

Twenty-six winning employee ideas in the Veterans Health Administration/Office of Information and Technology Innovation Competition will help the department improve health care quality, access and transparency.

“At VA, we are constantly looking for new ways to improve the care we deliver,” said Secretary Eric K. Shinseki. “The employees who participated in this competition exhibited tremendous creativity and out-of-the-box thinking.”



JOHN K. SOKOLOWSKI

Dr. Ronald Schifman, center, with colleagues Evelyn Harrison and Daniel Luevano, submitted an idea to reduce unnecessary/duplicate lab tests by rules-based algorithms.



Dr. John Byrne

This is the most recent effort under the VA Innovation Initiative, a department-wide program that brings the most promising innovations to the department's most important challenges by involving employees and the private sector in the creation of visionary solutions.

Launched in February, the VHA/OIT Innovation Competition solicited health care IT solutions that move VA forward in its transformation to a provider of 21st-century services for the nation's veterans.

The 26 winners represent 23 different VA medical centers, program offices or regional health care entities from 17 states. The chosen innovations will receive funding and support for prototype development and implementation.

The VHA/OIT Innovation Competition attracted broad participation, yielding more than 6,500 ideas from department employees. After a Web-based community voting method narrowed the submissions to a smaller group of finalists, a panel of federal and private sector health care and IT leaders reviewed the top proposals and selected the winners.

The panel consisted of 24 department employees and other distin-

guished participants, including Dr. Harvey Fineberg, president of the Institute of Medicine; Dr. Robert Kolodner, health IT consultant; Dr. Mehret Mandefro, White House fellow; Dr. Stephen Ondra, VA's senior policy advisor for health affairs; Peter Levin, VA's chief technology officer; Craig Newmark, founder of craigslist; and Todd Park, chief technology officer for the Department of Health and Human Services.

The VHA/OIT Innovation Competition follows the department's Veterans Benefits Administration Innovation Competition, which was launched last August by President



Dr. Jacob Hathaway

Obama in support of his mission to make government more effective, innovative and open.

Both innovation competitions are part of the VA Innovation Initiative. VAI2 identifies, funds, tests and deploys new efforts that significantly improve the access, quality, performance and cost of VA services.

Here's a look at the winning ideas.

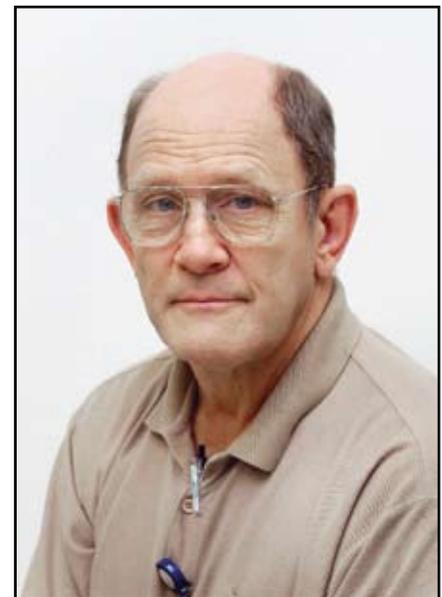
■ Dr. Richard Martinello, of West Haven, Conn., submitted developing and investigating automated electronic methods to capture medical device data from Veterans Information Systems and Technology Archi-

ture (VistA) in near real time. A robust automated electronic system would allow for accurate measurement of medical device use and intra- and inter-facility comparisons.

■ Dr. Roger Bedimo, of Dallas, submitted computerized patient record system-based automated queries and reports to develop a Graphical User Interface (GUI)-based program to run queries that identify all patients with a specified diagnosis, or receiving a specified therapy, and generate customized electronic reports with demographic, laboratory, treatment and observed outcomes data of interest for each patient.

■ Thomas Stoeber, of Palo Alto, Calif., submitted implementing a dynamic search tool for all Intranet sites accessible to all clinical and VA staff to quickly access forms and information they need to complete tasks efficiently.

■ Dr. Clayton Curtis, of Jamaica Plain, Mass., submitted linking a standards-based decision support framework to CPRS. This would enable VA's clinical applications to be "smarter," and help patients receive safer care as a result of a more sophisticated safety net based on their electronic record. It would enhance the existing capability for reminding



Dick Wallace

clinicians when preventive measures or tasks specific to a disease are due. A patient scorecard application would provide patients an opportunity to become more active in their own care and more aware of the recommendations for appropriate care specific to their individual clinical situation.

■ Dr. Bryan Volpp, of Martinez, Calif., submitted enhanced care management software to facilitate case management and chronic disease care by sharing of tasks related to patients; creation and sharing of treatment and care plans; creation and management of and reporting on patient lists for team use, such as all diabetes or heart failure patients in a provider's panel; and communication with patients via letters and secure messaging.

■ Dr. Dave Oslin, of Philadelphia, submitted creating an interface between the Behavioral Health Lab software and CPRS to ensure that mental health assessment data would be instantly available within the medical record and veterans would not need to be registered separately in the software. This would allow for mental health outcome data across time to be more easily accessible by all treating providers, allowing for better collaboration between providers and well-informed treatment planning.

■ Dan Moriarty, of White River Junction, Vt., submitted the eDischarge pilot program—implementing a pilot program at select VA facilities as modeled successfully from many non-VA acute care facilities.

■ Dr. Mark Graber, of Northport, N.Y., submitted the idea of showing

the patient's picture in CPRS whenever a new patient is selected.

■ Gail Wright, of Augusta, Maine, submitted developing a Care Plan tab in CPRS to function as a shortcut to the most current information that relates to the veteran's needs. Providers would place orders and any change would generate a new progress note. The idea is to have quick access to the recommendations for interventions related to the veteran's goals, objectives

provider would be able to write the medication order and then choose whether the medication should be sent immediately (current functionality) or to wait for the patient to request the medication (parking).

■ Patricia Landon, of Cincinnati, submitted increasing the visibility of the suicide hotline and improving accessibility for all patients. Providers at patient intake would ask the patient to enter the suicide hotline number in their cell phone.

■ Dr. Soleyman Rokhsar, of Los Angeles, submitted developing an application for a touch screen device that interfaces with CPRS and allows nurses to triage patients more efficiently in the emergency department and urgent care.

■ Terri Ruggerie, of Cincinnati, submitted developing an efficient and user-friendly program using decision tree-type software to encompass 12 separate statement windows that specify eligibility criteria and "as needed" explanatory information links for front line veteran eligibility staffing.

■ Nancy Clark, of Cincinnati, submitted the creation of a national core collection of online resources available to all clinical and administrative staff.

■ Robert Ellington, of San Antonio, submitted integrating the VistA surgery package with CPRS. Nursing personnel would log into one program for all their documentation.

■ Dr. Jacob Hathaway, of Nashville, submitted developing a prototype of a patient-centered medication list for veterans that more clearly details instructions for daily medication use while automatically generating the



Jason Barnard's idea involves wireless voice communications with hands free options.

and evidence-based interventions for all users. The Care Plan tab would also function as a shortcut to the most current information on the veteran's needs and ongoing evidence-based interventions.

■ Bernadette Dugoni, of Martinez, Calif., submitted developing a method for providers to be able to "park" a prescription—placing it in a "hold until requested by patient" status. The

illustrated medication schedules from pharmacy data and other databases. The list would use large print, plain language, illustrations and a simple grid to indicate how each medication should be taken, as well as its purpose.

■ John Derderian, of Albany, N.Y., submitted using the functionality of the Master Patient Index/Patient Demographics (MPI/PD) VistA software application to share verified health insurance information between all sites that care for a particular veteran.

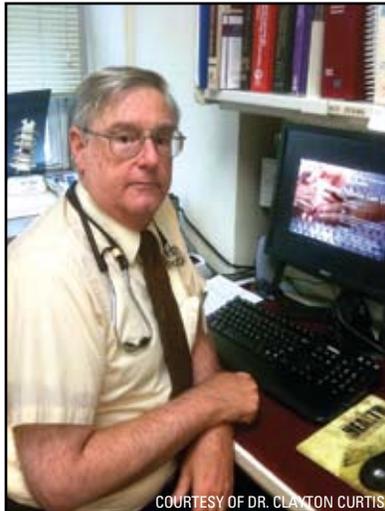
■ Kenneth Siehr, of Leavenworth, Kan., submitted displaying a link within My HealtheVet for veterans to use to access mail package tracking information that is already available from the VA consolidated mail outpatient pharmacies.

■ Rachel Cornett, of Kansas City, Mo., submitted developing a search function in CPRS by identifying additional components of CPRS that would benefit from a keyword or key term search option.

■ Laurence Olpin, of Dallas, submitted renaming the current Primary Care tab/drop-down list in CPRS to Assigned Providers and expand it to include up-to-date contact information for all providers assigned to that patient, the assigned clinic number and the case manager. If the patient were an active inpatient, it would also display their assigned intern and resident, if applicable. A new, second tab in CPRS would display a drop-down contact list with up-to-date contact information for all of the On-Call Providers (doctors and services) for the ward the patient was assigned to. These phone numbers would be blank unless the patient were an active inpatient. A new, third tab in CPRS would display a drop-down list

of frequently-needed Other Phone Numbers at the VA facility where the patient is assigned, or where they are admitted.

■ Dr. Jonathan Medverd, of Seattle, submitted an online radiology protocol tool integrated within CPRS/



Dr. Clayton Curtis

VistA to streamline information for radiologists on one screen, including: exam order; access to all pertinent textual data (allergies, medications, provider notes, imaging reports, ionizing radiation exposure history, etc.); access to previous imaging exams (the ac-

tual image data); Protocol action command space (to enter protocol decision); and messaging portal to CPRS View Alert or Outlook.

■ Jason Barnard, of Martinsburg, W.Va., submitted implementing a wireless personal communication system for instant communications to individuals or action teams.

■ Louis N. Smith, of Orlando, submitted allowing VA eligibility offices and Health Care for Homeless Veterans (HCHV) social workers to electronically access data from military records centers to obtain DD-214s.

■ Dr. John Byrne, of Loma Linda, Calif., submitted implementing the Brief Resident Supervision Index.

Brief RSI is designed to capture in-depth information about resident supervision from resident physicians in training and their clinical supervisors as they care for patients. Resident physician supervision is critical for both patient care and education by assuring safe, quality patient care as well as adequate training of future health professionals in preparation for independent practice. This innovation provides means to collect data from patient care encounters directly through CPRS using the Brief RSI, a tool that has been studied and found to be a reliable measure of supervision. Data from the Brief RSI will be used to assess the amount of attending physician supervision and resident physicians' progress toward independent practice.

■ Dick Wallace, of Little Rock, Ark., submitted deploying Emergency Medical Response Teams

with cell phones, hand held and mobile radios, text pagers and ham radios to enhance and strengthen the communications signals during times of crisis or disaster, such as Hurricane Katrina, when long-range communications devices are disrupted and unreliable. Sophisticated communication support units are equipped with video conferencing, laptops, fax machines, printers and telephones, such as satellite phones, but



Dr. Dave Ostlin

in limited quantities.

■ Dr. Ronald Schiffman, of Tucson, Ariz., submitted reducing unnecessary/duplicate lab tests by rules-based algorithms through designing a prototype system to automatically identify and take action on inappropriate laboratory orders before testing is done. **VA**

By Gary Hicks



JOHN BORLIK

National VA Research Week: Yesterday, Today, Tomorrow

Activities spotlight 85 years of discovery, innovation, advancement.



JOHN BORLIK

What do genomic biorepositories, prosthetics, neurotrauma and shingles have in common? They're just a small sample of the myriad VA research conducted around the country by some of the world's best scientists.

"Almost daily, VA research is making news," said VA Deputy Secretary W. Scott Gould, kicking off National VA Research Week at VA Central Office. "VA brings scientific discovery from bedside to laboratory and back again to continue to improve veterans' health care and their quality of life."

National VA Research Week, April 26-29, celebrated 85 years of excellence this year, not only touting current progress, but also marking medical breakthroughs made over the years, such as Dr. Andrew Schally's and Dr. Rosalyn Yalow's Nobel Prize in physiology in 1977 for research on hormone production in the brain, the first successful liver transplant, and tuberculosis treatments.

VA's researchers have done more than just develop new medical treatments; they have developed technologies that are now commonplace in modern medicine, such as the CT scan and the pacemaker.

Gould backed up his statement about VA research in the news by discussing a recent project that made headlines when it blasted off to the International Space Station. Scientist-astronaut Dr. Millie Hughes-Fulford, director of the San Francisco VA Medical Center's Laboratory for Cell Growth, is studying bone loss in astronauts who spend long periods of time in space. The research could lead to breakthroughs in fighting osteoporosis and other health issues experienced by

Opposite top: Veteran Charles Eggleston (holding microphone) tells his story as a VA research participant while fellow veterans (left to right) Stephen Cochran, Daniel Stebbins, Joan Furey and Lilliana Ariza listen; bottom: VA Under Secretary for Health Dr. Robert Petzel speaks to the crowd at VA Central Office as part of Research Week kickoff activities April 22.

aging veterans.

"From the development of effective therapies for tuberculosis and implantable cardiac pacemakers, to the first successful liver transplant and the nicotine patch, VA's trailblazing research accomplishments are a source of great pride to our department and the nation," said Gould. "Examples of this dedication and advancement are not limited to history. Today's committed VA researchers are focusing on traumatic brain injury, post-traumatic stress disorder, post-deployment health, women's health and a host of other issues key to the well-being of our veterans."

"As one of the world's largest integrated health care systems, VA is uniquely positioned to not only conduct and fund research, but to develop solutions and implement them quicker when compared to other health care systems—turning hope into reality for veterans and all Americans," said Joel Kupersmith, M.D., VA chief research and development officer.

VA's vast network includes medical center staff, their patients, researchers, and partnerships with the country's most prestigious medical colleges and universities. This large and diverse group of experts and VA's ability to track data of millions of medical visits with the electronic medical record gives it an advantage over the others and provides veterans with better and more advanced treatment sooner.

This year, nearly 3,400 researchers will work on more than 2,300 projects, funded by nearly \$1.9 billion under VA's umbrella. Some of the areas being studied include:

■ VA's cooperative studies program, which is clinical research infrastructure that coordinates and enables collaboration on multi-center clinical trials and epidemiological studies across VA. The cooperative studies program also maintains a DNA Bank and biorepository to conduct genomic medicine research and supports health economic analyses for its studies.

Three of the more noteworthy studies include: the approval of a shingles vaccine; a study examining an effective treatment for post-traumatic stress disorder among women veterans; and the largest registry of veterans with amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease).

■ Genetics medicine, which is customized health care based on a person's genetic makeup that could result in early intervention or even prevention of genetic diseases. A particular area of the research, pharmacogenomics, can identify patients who respond differently to current medicines because of differences in their genes.

This research may result both in new treatments and significant cost savings by eliminating treatment with drugs that do not work on the patient.

■ Traumatic brain injury is estimated to affect some 20 percent of troops injured in Afghanistan or Iraq. Current studies are evaluating the TBI screen implemented by VA's universal Patient Care Services and the clinical processes of diagnosing TBI. The studies also focus on differentiating TBI from PTSD.

■ VA researchers are actively participating in the VHA National Dementia Steering Committee and have established a relationship with the National Institute on Aging to collaboratively answer important questions related to the aging research portfolio and priorities.

■ Spinal cord injury studies focusing on the pathological processes include microglial activation, edema and neuronal death. Research is also supported to focus on novel treatment strategies such as the use of adult stem cells for transplantation in spinal cord lesions, the use of synthetic matrix to promote tissue repairs, and finding ways to strengthen connections in the damaged spinal cord to improve function.

■ VA supports a broad portfolio of vision-related (sensory loss) research seeking to improve everyday function and quality of life among veterans suf-

Rising Country Music Artist Signs on With VA

If great country music is still built on a foundation of real-life stories and soul-deep family tradition, Stephen Cochran was born into the breed.

Born in rural Pikeville, Ky., and raised in the creative heart of Nashville's "Music Row" songwriting and recording community, Cochran watched his dad, Steve, work and often struggle as a songwriter and artist back in the '70s. Country greats Bobby Bare and the late Del Reeves are just a couple of the characters that drifted in and out of the Cochran home.

Influenced by his family and environment, Cochran followed in his father's footsteps and started his own country music career. But 9/11 signaled a call to follow a different path and serve his country in a time of need.

He joined the Marines' Special Operations Capable Light Armored Reconnaissance division as a recon scout, and headed straight to Iraq.

"I love the Marine Corps," Cochran said. "Everything they did for me structured my life and gave me the drive to accomplish the things I want to do."

During his second tour, this time to Afghanistan, Cochran was thrown from a tank on security patrol just outside of Kandahar. He awoke a month later to find himself at the National Naval Medical Center in Bethesda, Md., with his back broken in six places.

Cochran was facing living the rest of his life in a wheelchair as doctors at Walter Reed and Bethesda made plans to fuse his fragmented spine back together. A nurse had suggested using an experimental procedure called kyphoplasty—typically used to treat other, less severe types of spinal injury, but the military doctors would not attempt the procedure.

Pursuing the suggested option, Cochran's mother contacted the Nashville VA Medical Center for a second opinion. Given his low chance of ever walking with traditional care, doctors at the Nashville VAMC, in partnership with Vanderbilt University Medical Center, performed the experimental procedure.

The procedure was a success and Cochran began walking the road to recovery and rehabilitation at the Nashville VAMC. He also received, and continues to receive, treatment for severe post-traumatic stress disorder, traumatic brain injury, chronic pain, and numbness in his lower right extremity. As best as he can surmise, his treatments have been a combination of VA research and clinical care.

"I can say that I am walking VA research and development," said Cochran during a ceremony kicking off National VA Research Week at VA Central Office in April. "What VA had to do was put together a team, just for me. They realize that every veteran is different. They looked at my situation and made an attack plan for it. And we are still fighting together today. My development and progress has been amazing and I owe it to the great team I have in Nashville."

Back on his feet, and armed with his Music Row pedigree,

a Marine's sense of purpose, and a lifetime's worth of stories, Cochran exploded onto the country music scene in 2007 with a critically acclaimed, self-titled debut album that captured the hearts of fans, critics, and a lot of everyday heroes.

In October 2009, VA's Office of Research and Development contacted Cochran to see if he would be interested in recording a song to help VA in its outreach efforts to veterans of recent conflicts. Cochran accepted, and in February 2010, he and his band, the New Country Outlaws, recorded the song "Hope." Shortly thereafter, they recorded a video featuring a choir of veterans performing the song at the Nashville VAMC and other locations in and around Nashville.

The music video, as a feature on a DVD package containing the VA research 85-year anniversary video and VA research advances highlight video, has been distributed to medical centers and veterans service organizations across the country. The music video can also be found on the VA home page, Research and Development page, and VA YouTube channel.

Technically, Cochran and VA have formed a partnership of sorts to help spread the word about VA to returning veter-



Veteran and country music artist Stephen Cochran, center, performs with his band, The New Country Outlaws, at the Richmond VA Medical Center.

ans, but Cochran takes it several steps further—seeing himself both as an ordinary VA patient and a veterans advocate willing to fight for his fellow veterans.

"We have to keep the family involved," Cochran said directly to VA researchers declaring the importance of family in the recovery process as well as dealing with a loved one suffering from PTSD or TBI. "We need to figure out how to train spouses to deal with PTSD before the member comes home from combat."

In an industry where an artist's "story" is routinely embellished by teams of publicists, Cochran's story is real, as is his determination to help his fellow veterans with PTSD. He wants them to know that PTSD is a health issue for which there is treatment and hope for a better life.

fering from vision loss, whether from acute trauma or age-related changes. Research extends from practical aspects of wayfinding to the development of advanced intraocular transplants. Several individual research projects and two Centers of Excellence focus on the rehabilitation of low-vision and blind veterans. Work is also underway to develop a retinal implant (type of neuroprosthesis) to restore vision to the blind. The retinal implant is currently in the animal testing phase.

■ Research on improving the management of pain associated with various health conditions including depression, cancer, dementia, post-operative, arthritis, co-occurring psychiatric disorders, and burn injuries. Many veterans suffer from various types of pain and chronic pain, so VA research is focused on finding ways to improve their usage. For example, a cooperative studies program study is just beginning the planning of a large multisite trial on low back pain.

■ Since 2004, VA has significantly expanded its women's health research to better understand the health and care of women veterans. Current research is examining the complex interaction of physical and mental health; unique risks and outcomes of military service, particularly related to sexual and combat trauma and PTSD; barriers to care; and the impact of VA's organization and structures of health care delivery to women veterans on access, service availability, utilization, satisfaction and quality of care.

■ Chronic illness research projects span the gamut of obesity, diabetes and its associated cardiovascular conditions. Almost 25 percent of veterans have diabetes and a larger proportion than the general population is obese or overweight.

VA researchers study the effects of traditional treatments on patients with these chronic conditions and have incorporated innovative treatments and Internet-based interven-

tions and delivery systems to improve adherence and outreach. Researchers have also studied the disparities in treatment that result from excess body weight and have looked into preventive services for those morbidly obese through bariatric surgery and studied its long-term effects. The focus has been on designing higher quality of care for those unable to access such care through the traditional methods of outpatient visits.

■ VA has dedicated resources to research on disparities for over a decade, with an extensive portfolio of research on disparities, including the Center of Excellence for Health Equity Research and Promotion, and a Targeted Research Enhancement Program to understand racial and ethnic variations in health outcomes for chronic diseases. VA's current equity research portfolio focuses on identifying disparities in care related to a number of health conditions, understanding possible reasons for disparities in care and, most recently, developing interventions to reduce disparities.

■ VA continues to be committed to advancing improvements and cost effectiveness in health care by encouraging the implementation of research findings into clinical practice. Comparative effectiveness research has an anticipated role in advancing national health care reform efforts. VA is uniquely positioned to lead efforts in comparative effectiveness research given its large, integrated health care system, established research infrastructure, and a demonstrated ability to conduct high-impact comparative effectiveness research that can be translated and implemented into clinical practice.

Comparative effectiveness research within the VA research program is driven by three major elements. One is the cooperative studies program, which conducts national, multi-site clinical trials and epidemiological studies comparing different treatments on health outcomes and costs. The Health Services Research

& Development Service supports a large portfolio of health systems-oriented projects that examine questions related to health care delivery and quality of care. HSRD researchers also have expertise in using the VA electronic health record and other large databases that are essential for efficiently comparing commonly used treatments in real-world settings. The Quality Enhancement Research Initiative, a component of HSRD, is a program that seeks to improve veteran health care by studying and facilitating the implementation and spread of evidence-based clinical practices and research findings into routine clinical practice in VA. The QUERI program has provided critical information on what it takes to actually translate the findings of comparative effectiveness research into more effective and more cost-effective care.

■ VA recognized soon after veterans began returning from the 1991 Gulf War that while there were few visible casualties, many individuals returned from this conflict with unexplained medical symptoms and illnesses.

VA supports a research portfolio consisting of studies dedicated to understanding chronic multi-symptom illnesses, genetic biomarkers among Gulf War veterans, long-term health effects of potentially hazardous substances to which Gulf War veterans may have been exposed during deployment, and conditions or symptoms that may be occurring with higher prevalence in Gulf War veterans. VA provides funding to the University of Texas Southwestern in addition to funding its own clinical trials to identify new therapies for ill Gulf War veterans. Finally, a new Request for Applications was issued in June 2009 to provide funding to researchers for even more new clinical trials.

■ VA is also studying ways to improve rural health, assist caregivers, and address various mental illness and substance abuse issues veterans face. **VA**

By Gary Hicks

Putting America Back to Work for Veterans

VA has obligated 88 percent of its stimulus funds.

It seems like only yesterday that President Obama signed the American Recovery and Reinvestment Act of 2009 into law. Every media outlet in the country was abuzz with the news and political pundits were taking sides and making predictions, all while senior VA leaders were scrambling to develop a plan to spend, within the next two years, more than \$1.8 billion that had been provided to VA under ARRA.

“We had about a month to identify projects and develop a plan,” said VA’s Deputy Assistant Secretary for Finance Ed Murray. “We were looking for projects that fell into one of three categories: patient safety, patient security and energy.”

Initially, VA identified 1,337 viable non-recurring maintenance, energy, and monument and memorial repair projects. As a result of the department’s competitive process for awarding contracts—where more than 98 percent of awards are competitively bid and are often awarded for amounts less than original estimates—and due to other efficiencies, VA has been able to increase its buying power and the number of projects by an additional 10 to 20 percent.

Now, 15 months later, VA has obligated a total of \$1.6 billion (88 percent) of its ARRA funds and has made outlays totaling \$723 million (40 percent) to improve services and benefits to veterans.

“In putting America back to work, we are targeting the programs of greatest interest to veterans, including the improvement of our health care facilities like those here in Cleveland,” said VA Secretary Eric K. Shinseki while touring the Louis Stokes Cleveland VA Medical Center recently for a first-hand update on Re-



BARBARA BREEN

VA Secretary Eric K. Shinseki gets a briefing on stimulus projects at the Louis Stokes Cleveland VA Medical Center from Acting Director Susan M. Fuehrer.

covery Act-funded projects there.

ARRA funding provided \$15.2 million to design, construct, upgrade and renovate health care services at the VAMC. These projects include: \$8.3 million to renovate surgical areas; \$2 million to renovate the elevator lobby; \$2.1 million for cancer improvements; \$1.1 million for hematology and oncology department

improvements; \$1.2 million for additional patient care improvements; and more than \$500,000 for energy conservation measures.

In addition to affording veterans better service and access to health care, it is estimated that ARRA funding has created more than 500 jobs at the medical center—putting Ohioans to work in their community. The



An intensive care unit project is one of three big projects to receive stimulus funds at the VA Pittsburgh Healthcare System.

projects underway in Ohio are just a few of the many taking place at VA facilities across the country.

Three significant projects are currently underway at the VA Pittsburgh Healthcare System. These projects include a \$2.4 million investment in Pittsburgh's intensive care unit that will provide 14 beds, two negative-pressure isolation rooms, a centralized nurse station and an expanded family waiting area. In addition, \$7.2 million is paying for improvements to the facility's emergency power system that will increase capacity and prevent failures. Another \$1.5 million will provide a new main plumbing system at the University Drive division.

One of the most recent ARRA-funded projects will maximize energy use as a result of the award of eight contracts for VA-wide thermal and flow metering systems. These awards were made by VA's National Energy Business Center to the Veterans Integrated Service Networks across the country. The T&F metering system will monitor the usage of building-

and campus-level water, steam, chilled water and natural gas.

Each meter will send real-time data to a secure Web site monitored by VA personnel. The metered data will be analyzed and used for energy demand-side management purposes and help with reporting on VA's success in reducing its carbon footprint. VA anticipates all T&F metering system installations will be completed before the end of 2011—four years ahead of a federally mandated requirement.

The National Cemetery Administration is rapidly closing in on obligating all of its ARRA funding. Currently, NCA has obligated a total of \$42.3 million of its \$50 million allotted under the Recovery Act to maintain its cemeteries as national shrines in honor of the final resting place of American veterans.

NCA maintains more than 2.9 million gravesites at 131 cemeteries in 39 states and Puerto Rico, as well as 33 soldiers' lots and monument sites. NCA has used ARRA funds to: raise,

realign and clean headstones and markers; repair sunken graves, roads and buildings; purchase equipment; conserve energy and water through the use of wind, solar and other natural renewable resources; and repair historic monuments and memorials at national cemeteries.

Fort McPherson, Nebraska's only national cemetery, has received more than \$777,000 in funding to date. Headstones will be re-surveyed and realigned in about half of the cemetery; the other half will undergo both headstone realignment and turf renovations.

"Over the years, gravesites will settle," said Cemetery Director Doug Ledbetter. "Headstones also suffer from years of winter weather by either getting dirty or they start to tilt in one direction."

In addition to the renovations and improvements, VA leadership found a way to support veterans by becoming a client itself.

Currently, more than 80 percent of all VA ARRA contracts have

been awarded to veteran-owned and other small businesses. In other words, veteran-owned businesses are doing most of the work, resulting in better access and delivery of services to fellow veterans.

“The majority of the veteran business owners are craftsmen,” said the Veterans Health Administration’s chief procurement and logistics officer Fred Downs. “They do quality work and receive good feedback. The ARRA funding is affording them work they might not otherwise have in the current economy. Plus it’s an opportunity to build a reputation and earn more work in the future.”

All of the VA Recovery Act

million of its \$150 million to hire 2,293 temporary claims processors; of those, about 230 are devoted to helping with claims submitted for Post-9/11 GI Bill benefits.

■ VHA has obligated more than \$122 million of its \$150 million to provide financial assistance to the states to construct or acquire nursing home, domiciliary or adult day health care facilities. This funding has been obligated for 27 projects in 18 states for the construction and renovation of state homes. The projects include six new nursing homes totaling 660 beds and 21 general renovation and construction projects. North Carolina is building two homes, one in Bun-

combe County and one near the city of Kinston; together these projects total more than \$24 million.

■ Texas is building a new 100-bed home in the city of Tyler with federal funding totaling more than \$17 million. The design of the Texas home is unique because Texas consulted closely with VA leadership to create a home-like facility for veterans in that state.

■ The Office of Information & Technology has obligated more than \$43 million of its \$50 million to provide software development, staff and associated supplies and equipment to support implementation of the Post-9/11 GI Bill. Remaining funds will support upgrades to other VBA systems.

■ VA also received an estimated \$700 million for Veteran Economic



Field staff at Black Hills National Cemetery in Sturgis, S.D., with some of the equipment they purchased with ARRA funds.

SARA J. ELTON

dollars will in some way benefit veterans—improving patient care areas, access and facilities, providing direct veteran payments, improving infrastructure and systems, and enhancing national cemeteries. VA estimates that ARRA upgrades and improvements have impacted more than 8 million veterans and their families.

Additionally, recipients of ARRA funding have reported that this funding has resulted in the creation of 2,100 jobs. ARRA is also supporting the following VA activities:

■ The Veterans Benefits Administration has obligated more than \$99.8

million of its \$150 million to hire 2,293 temporary claims processors; of those, about 230 are devoted to helping with claims submitted for Post-9/11 GI Bill benefits.

■ VHA has obligated more than \$122 million of its \$150 million to provide financial assistance to the states to construct or acquire nursing home, domiciliary or adult day health care facilities. This funding has been obligated for 27 projects in 18 states for the construction and renovation of state homes. The projects include six new nursing homes totaling 660 beds and 21 general renovation and construction projects. North Carolina is building two homes, one in Bun-

combe County and one near the city of Kinston; together these projects total more than \$24 million.

Recovery Payments—one-time payments of \$250 to eligible veterans and survivors to help mitigate the effects of the current economy. VBA made approximately 1.9 million payments, representing more than \$465 million, to eligible veterans or their beneficiaries in June 2009.

■ The Office of Inspector General is also using its \$1 million to audit and investigate applicable VA programs, grants and projects receiving ARRA funds and to perform necessary oversight. **VA**

By Gary Hicks



Artist's rendering of the new medical center's clinic entrance.

Long Time Coming

Work on the much-anticipated new Orlando VA Medical Center has begun.

Veterans in East Central Florida have been fighting for an inpatient VA hospital they can call their own for more than 30 years. Now that dream is well on its way to becoming reality.

Work on the 1.2 million square-foot Orlando VA Medical Center has begun. The facility will have 134 inpatient beds, a 120-bed community living center and a 60-bed residential rehabilitation center.

The \$665 million facility is being built on 65 acres and will be part of the new "Medical City" emerging in East Orlando, which will also include the University of Central Florida Medical School, the Sanford-Burnham Institute for Medical Research, the Nemours Children's Hospital and the University of Florida Academic and Research Center. The new facility, scheduled to open in late 2012, will increase accessibility to the highest quality health care for approximately 400,000 Central Florida veterans.

"A little over a year ago, we had the groundbreaking for our new medical center, and it has been a great year," said Timothy W. Liezert, director of the Orlando VAMC. "Today, I can see work being done and I am able to visualize this as the dawn of a new era for Central Florida veterans."

"During the design phase, several goals guided our team," said Laura Finfrock, construction coordinator. In the forefront of everyone's minds, she said, was honoring veterans, ensuring patient and staff safety, providing maximum flexibility, addressing staffing efficiency, building with "green" in mind, having 100 percent single patient rooms, maximizing clinical adjacencies and separating patient and staff flow.

Once the designs were complete, progress shifted to advertising bid packages, awarding these packages and starting the work. Five packages have already been awarded. Phase 1a is a \$9.2 million contract awarded to RBVetCo to begin the site work, utilities and the main loop road. Phase 1b is a \$38.4 million contract awarded to James A. Cumming Inc. for the central energy plant. Phase 1c is a \$29.6 million contract awarded to Brasfield & Gorrie for the foundations and superstructure. Phase 2 is a \$39.4 million contract awarded to

VA Keeps Health Care Projects Humming

With Vietnam-era veterans getting older and thousands of disabled and traumatized veterans from Iraq and Afghanistan needing care, construction of health facilities for veterans is booming.

Two new VA medical centers are under construction in Las Vegas and Orlando, Fla. Moreover, four new replacement hospitals have been approved—in New Orleans; the Denver area; Louisville, Ky.; and Omaha, Neb.—according to Robert Neary, acting director of VA's Office of Construction and Facilities Management. Project costs range from \$560 million in Omaha to \$995 million in New Orleans.

The new hospitals are being designed with extensive input from veterans. They feature a variety of energy conservation and renewable energy elements. They'll also include improved privacy—such as separate dressing areas in exam rooms—for the growing number of women veterans, who now comprise 12 percent of the VA patient population.

In addition, VA has a new poly-trauma center under construction in San Antonio, and two replacement Level 1 trauma centers in design stage for Tampa, Fla., and Palo Alto, Calif. And the agency has just completed or is currently building spinal cord injury centers in New York; Milwaukee; Syracuse, N.Y.; Dallas; Minneapolis; Chicago; and Brockton, Mass. Many outpatient clinic projects also are underway.

All told, since VA completed a major capital asset study in 2004, it has received congressional funding for 81 major health care construction projects—defined as costing more than \$10 million—through 2011. The requested VA construction budget for 2011 is \$1.15 billion, the same as in 2010. If approved, the 2011 budget would be the fourth in a row exceed-

ing \$1 billion, four to five times larger than pre-2004 budgets.

"To some extent, this expansion is due to the two wars and the number of veterans returning from service with multiple severe injuries," Neary says. "But the aging population of veterans needs more care, and more veterans are coming to the VA for care than in the past."

Around the country, VA currently operates 153 hospitals, 951 outpatient and community clinics, 134 nursing homes, 50 residential rehabilitation treatment centers and 232 readjustment counseling centers. Its caseload totals about 900,000 inpatient admissions and 79 million outpatient visits. Administration is handled through 21 Veterans Integrated Service Networks around the country. Neary's headquarters office is in charge of major construction projects, while the VISNs oversee the smaller ones.

Input from veterans is guiding the design of the planned 200-bed VA medical center in the Mid-City neighborhood of New Orleans. Scheduled to open at the end of 2013, the new hospital will replace the old downtown VA facility, which was destroyed during Hurricane Katrina in 2005.

Architecture firm NBBJ conducted workshops with local veterans to determine what they wanted. Doug Parris, an NBBJ partner, says limited mobility, vision problems and colorblindness are major challenges for veterans. Thus, at each entrance there will be an orientation person, wheelchairs and mobility assistance and restrooms. The veterans also wanted to feel honored. So NBBJ is planning a detailed art program that pays tribute to the veterans of different service branches, as well as to the culture of New Orleans.

The New Orleans center is the first major project for

Turner Construction Company to build the community living center, residential rehab center and chapel. Phase 3 is a \$30 million contract awarded to Brasfield & Gorrie to build the parking garages and warehouse.

The facility will be the first VA medical center built on a completely new "greenfield" site since the West Palm Beach VAMC opened in 1995. The Orlando VAMC will meet the criteria for LEED Certification-silver level.

In preparation for the new medical center, the need arose to develop an electronic medical record that would serve the new primary service area for Orlando. For nearly a year, teams worked tirelessly to create an Orlando clinical VistA system, separate from the former satellite relationship with the VA medical centers in Tampa, Gainesville and Lake City.

Phases of the project included building a data center,

Fast Facts About the New Medical Center

Total Cost: \$665 million	Inpatient Beds: 134
Acres: 65	Parking Spaces: 3,100
Square Footage: 1.2 million	



VA Secretary Eric K. Shinseki, center, with veterans service organization representatives/stakeholders and Southeast Louisiana Veterans Health Care System Director Julie Catellier (to his immediate left), at the groundbreaking ceremony for the new New Orleans VA Medical Center on June 25.

which VA is using the construction manager at-risk contracting model. The Denver-area hospital project also will use that model, Neary says.

The construction manager selected for the New Orleans center is a partnership between Bethesda-based Clark Construction Group and St. Louis-based McCarthy Building Companies.

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setting up all the clinical VistA packages and diagnostic equipment, migrating 90,385 patients into the new system, and testing and setting up all equipment interfaces. The transition was smooth, and the Orlando medical center now has its own independent VistA system.

Also in preparation for the new facility, the Orlando VAMC was surveyed by The Joint Commission in March of this year for its inaugural accreditation survey. The survey included four program areas—ambulatory care, behavioral health, long-term care and home care—and seven surveyors. Orlando received its official accreditation in June. The medical center's laboratory was also awarded accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists.

All phases of the project are being documented for everyone to see. Follow the progress at www.orlando.va.gov, where you can view the site live via Webcam. You can also read about the progress by clicking on the "New Medical Center" link or make comments on the blog, the Orlando Orator. You can even become a "fan" of the Orlando VA Medical Center on Facebook. 

By Courtney E. Franchio



Dr. Russell Buono directs the Golden Brain Bank at the Coatesville (Pa.) VA Medical Center, a rich resource for neurology researchers, and has conducted educational outreach for more than 15 years.

TOMMY LEONARDI

‘Dr. Brain Dude’

Russell Buono is on a mission to teach kids neuroscience.

Neuroscientist Russell J. Buono, Ph.D., grew up in a blue-collar family and worked his way through college and graduate school as a meat cutter. Today, working from his lab at the Coatesville (Pa.) VA Medical Center, he is a top figure in research on the genetics of epilepsy. Among local students, though, he is better known for the hands-on brain exhibits he brings to schools and colleges throughout the area.

“It happens all the time,” says Buono. “I’ll walk into the ice cream parlor with my family and some kid will recognize me. Last time, a girl looked at me and said, ‘I know

you; you brought a brain to my class when I was in the 7th grade. I never forgot that. I’ve been so interested in science ever since.”

Buono also used to do educational outreach in Ohio, where he worked before arriving in Coatesville in 2006. It was there that a 6th-grader dubbed him “Dr. Brain Dude”—the title he’s most proud of, he says.

In 2000, Buono co-founded Brain Awareness Week at the Franklin Institute. Hosted each spring by the Philadelphia Society for Neuroscience, the event features a “human brain bar” where kids touch and hold preserved brains.

To learn about protecting their skulls, they get to put a raw egg in a plastic bag and crash it on the floor. “They like that, as you might imagine,” says Buono.

Volunteers then fit the eggs with miniature bicycle helmets. “We let them throw it on the floor, smash it against the wall, kick it, and they can’t break the egg.”

To complement the activity, the Brain Injury Association of Pennsylvania gives away hundreds of free bicycle helmets. As a more serious follow-up, Buono shows a video of a boy who sustained a traumatic brain injury after a bicycle accident. “We illustrate the point with kids that they really should be protecting their heads,” says the researcher.

VA *Research Currents* spoke with Buono to learn more about his educational outreach and the brain collection at the Coatesville VA.

Q Today there's so much science-education material on TV and the Web. Are in-person, hands-on science exhibits as valuable as they once were?

It's the same argument you'd make concerning medical education for doctors. Do you want people to learn about anatomy virtually—totally through a computer—or is it beneficial to have your future physicians actually touch the real material? Seeing images is great. It can teach you a lot. But it's very different to hold the actual material and to have someone right there to answer your questions.

Q How do kids react to seeing and touching a real human brain?

When we're in an environment where it's school kids and their chaperones, the kids are much more willing to look at the photo [of a fresh, raw brain] for what it is and then put on some gloves and hold the preserved material. The older we get, the more we face our own mortality. When you're a kid, you don't think in those terms.

Q What types of questions do you get from kids?

A lot of them ask whether it's

real, because our preservation technique makes the brain look a bit clay-like and stiff. Sometimes they'll ask where we get the brains. The real answer is, from folks who have donated their body for medical science. But when the kids are kind of unruly, I tell them we get the brains from really bad 14-year-olds.

Q What are some basic facts people learn from the exhibits?

The first thing that strikes most people is the scale. They think their brain and spinal cord are a lot bigger than they really are. When they see actual specimens, they can't believe it. They also come away knowing what their spinal cord looks like. Everybody thinks that row of bones going down their back helps them stand up straight. They walk away understanding that those bones are really there to protect that cable, the spinal cord. They see the cable itself, how small it is, and that impresses them.

Q Do you talk about diseases of the brain?

Part of our brain collection deals with pathology. We have brains that were affected by Alzheimer's, Parkinson's, multiple sclerosis, Hun-

tington's, brain tumor or stroke. Most people who walk by the table know someone who suffered one of these things. We also have the brain of someone who died from a subdural hematoma after a fall. I have the blood clot in a jar, which is quite graphic. You can see how the blood clot deformed the brain to the point where it caused death.

Q Tell us about the brain collection at the Coatesville VA.

Dr. Greg Golden [of the Coatesville VA] was a good friend and collaborator. He initially started doing autopsy work in the 1980s and did about 350 brain autopsies. We have almost all those brains represented here in material that is fixed in formaldehyde and stored in a detergent solution to keep it from getting moldy or infected. From about half the brains, we have material that was never fixed, stored in minus-80 degrees Celsius freezers. That tissue is very valuable. Greg passed away in 2005, and I was recruited to oversee the brain bank in his place. We named it the Golden Brain Bank in honor of my old friend.

Q What makes the brain tissue in the bank so valuable for research?

VA has always been ahead of the curve in terms of electronic medical records. So we've got brain tissue from folks 15 years ago and we have their complete medical histories—whether they smoked, what diseases they had, what medications they took. That information is very useful to researchers. In addition to VA groups, we have investigators at several universities who withdraw the tissues for their studies on schizophrenia, substance abuse, epilepsy, Alzheimer's disease and other conditions. And so from a central location, from the donations our veterans made years ago, many scientific publications on different aspects of brain disease will start to flow. I know my old friend Greg would be proud for sure. **VA**



Dr. Heather Basehore, a brain researcher at the Coatesville VA Medical Center and colleague of Dr. Buono, shows a preserved human brain to student Maliya Majors. The exhibit was part of a recent "Take Your Child to Work Day" at the center.

Alice Holstein, a peer support specialist at the VA River Valley Integrated Health Center in La Crosse, Wis., broke gender barriers in the Air Force.



Returning to a Life of Service

Once sidelined by mental illness, Alice Holstein has found a renewed sense of purpose serving veterans.

As an intelligence officer in the Air Force during the Vietnam War, Alice Holstein broke barriers. Stationed at various military posts, including Guam and Okinawa, she was the first woman to be sent overseas with B-52s. She was also the first woman to brief satellite photography and the first woman to be sent to a bomb wing level, where she managed a combat wing intelligence shop.

She quickly realized that being the first woman wasn't always a good thing. She was living in a fishbowl and she didn't like it. "It wasn't my goal to be the first," said Holstein. "It was really happenstance. To be a woman and be watched all the time—they expected you to fail. There was a lot of pressure. But the military taught me how to dig down in the face of challenges and find out who you really are. You strive to be your best."

Holstein knows all about overcoming challenges. Suffering from manic depression, she saw her life turn upside down from the effects of mental illness. "I was diagnosed at age 51 or 52, relatively late in life compared to other people," she said. "For 12 years, I suffered with mental illness. But I can look back now and see symptoms 10 years before I was actually diagnosed. I suffered 15 different manic episodes. I had 13 or 14 hospitalizations. I went on costly spending sprees. I was argumentative, paranoid and disruptive—all were symptoms of manic depression.

"For a total of six to eight months, intermittently, I lived on the streets," Holstein recounted. "Not because I didn't have assets, but because of other issues related to my mental illness. Sometimes it was because I was separated from my assets; other times, fear would drive me out of my home. I traveled to eight different states. I slept in homeless shelters, battered women's shelters, open fields, cardboard boxes, even the floor of a soup kitchen. I traveled on foot or sometimes in my car. Most of the time, I didn't realize these things were going on because I was delusional.

"During my manic episodes, which varied but usually lasted six weeks minimum, my friends would try to help me," she continued. "They were very concerned. They tried to get me committed, but there were limitations on what they could do. I lost many of my friends and colleagues because of my illness."

Four years ago, Holstein, under the care of doctors and using alternative therapy approaches, finally reached a stabilization point. "Some years earlier, I got mad at my doctors, who were giving me a bleak prognosis," said Holstein. "I was determined I was going to be well. So I turned over every rock and explored treatment options. I looked into self-help, alternative therapies. I had no real design for it; I just pursued everything to get well.

"I realized that getting well was more than just a medication approach. It involves all levels: physical, mental, emotional, social and spiritual. You also have to exercise, get enough sleep, eat healthy and stress less—things everyone should do."

Today, Holstein works at the VA River Valley Integrated Health Center, part of the community-based outpatient clinic associated with the Tomah (Wis.) VA Medical Center. As a peer support specialist, Holstein works as the link between the community and the veterans being served at the clinic. Part of her job is to identify community resources, such as a local food bank or family and children's services, and help veterans get to those resources. She also works

"I have a message that can help shift viewpoints for people with a mental illness. I want people to know we are not 'damaged goods.'"

one-on-one with veterans on recovery and other issues.

Serving veterans has made all the difference in her life. "I've had a second chance," Holstein said. "I've had to rebuild my life, one step at a time, over the last four years. Now I have meaning in my life and I'm living a life of service again."

Holstein not only represents the clinic, she also speaks out on various veterans' issues. She has served on several steering committees, including the Veterans Treatment Court initiative and the newly established Mental Health Crisis and Detox Center. The center is a 24/7 facility, offering short-term treatment for those suffering from alcoholism or drug abuse, or those recently released from a mental hospital psychology ward.

Last year, Holstein facilitated the

establishment of a Veterans Council, one of the first created by a peer support specialist. With her as liaison, the nine veterans on the council help improve the services of the River Valley center and brainstorm possible projects to make the clinic a more welcoming place.

Holstein, who holds bachelor's, master's and doctoral degrees, also co-facilitates a weekly discussion group called Journey of Recovery. During the hour-long meeting, she, co-facilitator Bob Olson, R.N., and veterans talk about their recovery from mental illness. Focusing on being a "whole" person, physically, mentally and spiritually, the participants discuss meditation techniques and other methods that have helped them enjoy life again.

Looking back on her life, Holstein wouldn't change much. "Now I have an expanded sense of purpose," she said. "I've taken a profound spiritual path, filled with humility, compassion, empathy and meaning. I've exposed myself to the world. My strengths have helped me overcome the stigma and be more open. I have a message that can help shift viewpoints for people with a mental illness. I feel it hasn't all been in vain."

On May 12, Holstein received the 2010 Shooting Star award from the Mental Health Coalition of the Greater La Crosse area. Getting the award, which is given to those with a mental illness who have made contributions to the mental health field, was a proud but humbling experience for Holstein.

"I want people to know we are not 'damaged goods,'" she said. "Everyone has hardships, but ultimately, you have to reframe those experiences. Spiritual paths come from hardship and suffering. I see things in a new light now. It took courage for me to speak about my illness. But if it brings hope and inspiration to others, it was worth it." **VA**

By Amanda Hester

Serving My Country Was the Right Thing to Do

Editor's note: Mackenzie Schroeder is a registered nurse at the Minneapolis VA Medical Center who was twice deployed to Iraq. This is her story.

What's it like over there? Is it bad? Why do you do it? Is it hard to be gone for so long? What happens to your job? These are all questions that I—and others who have been deployed—have been asked. I can only give you the story of my two deployments to answer these questions.

In January 2007, I went on my first deployment to Balad, Iraq. The deployment does not start the day you deploy, but rather, many months prior. I am a reservist in the Air Force. I drill one weekend a month at the 934th Air Lift Wing in Minneapolis. One drill weekend, a sign-up went around to find out who wanted to deploy. It is different on the reserve side. We have a choice to deploy or not. It is very difficult to explain this to family and loved ones, so most people just don't.

My parents and very close friends know the choice is there, but that I enlisted to deploy, not to spend my entire military career stateside while a war is going on. I enlisted in a time of war and expected nothing less. I still remember the minute I signed my name to the paper and called my mom to tell her that I would be deploying to Iraq; I felt like throwing up. I knew it was the right thing to do, but I still was nervous to go. Fear of the unknown.

My second deployment was in July 2009. I felt much more prepared for this deployment because I was going to the same location and my friends and family had already gone through the process with me and were

very supportive. The support of family and friends is key. Military personnel could not do it without that support.

In a deployed setting, my job is medical technician, which is always a bit difficult to get used to since I work as a registered nurse in the civilian sector. The training I receive is to work in a CASF (contingency aeromedical staging facility).

The CASF is a place where American patients are placed while awaiting medical flights to Germany or the United States. It is staffed by

the hospital on the ward instead of the CASF. It was great to work with a new group of people in a new setting. The hospital takes care of military personnel, civilians, Iraqi police, detainees, Iraqi civilians, and many children. I also had the pleasure of caring for Iraqis from Camp Ashraf.

It was interesting to learn about the culture and practices of the local population. It got a little difficult to take care of the prisoners, but I had to remind myself that they are people too, and it is not my job to convict them, but to provide the best care that I can.

The children were mostly burn victims. Some intentional—and that was always hard—and some accidental. We had babies from 6 months old to adolescents ages 16-18.

The language barrier was always a little hard, but we had interpreters on the floor and available 24 hours a day. They were invaluable. The interpreters were all born in Iraq; some have become American citizens, some are in the military, and some are locals. We would not have been able to perform our mission without their assistance. I was able to learn a small amount of Arabic to help with assessing pain and answering

the questions that were frequently asked.

Homecoming after this deployment was nice and easy. Coming back to work at VA was an easy transition thanks to the help from my nurse manager. She was in contact with me the whole time I was home and we worked on my schedule over e-mail and meetings.

There is so much more I could say and many stories that I have about my two deployments, but that would fill a whole book. I thank all my co-workers for their support. **VA**



The author is a reservist in the Air Force.

MAJ. JEROME HALL/USAF

flight doctors, nurses and medical technicians.

Our job is to provide medical care, dressing changes, pain medication, pin care, burn care and antibiotic therapy. And then when the flight is ready, we provide manpower to load the bus, transportation to the flight line, and manpower to load the aircraft. It is very fulfilling to see the patient through the whole process and end with a flight out of the desert. The thank yous received from the soldiers are never forgotten.

This deployment, I was placed in

Re-Paying a Debt of Gratitude to the American GI

For one physician, serving veterans is a very personal calling.

All VA employees have their own reasons for joining the department. For some, it's a calling that reaches even deeper than the noble cause of caring for others.

Dr. Arthur Kreitenberg, an orthopedic surgeon at the VA Long Beach (Calif.) Healthcare System, was recently awarded his 25-year pin, recognizing his many years of dedication to veterans. It was then that he chose to share how his calling to work for VA came about.

"Each time I enter the VA," he said, "I think of a European girl who, in 1941, was ripped from her family and thrown into a concentration camp, where she nearly starved to death. During her four years there, she experienced such horror that she never spoke of it again. I think of that girl rescued and liberated by American troops, who were themselves so traumatized by what they saw that many of them became ill.

"I think of those brave American soldiers," he continued, "so many injured and so many killed in that conflict, as well as other conflicts in our history. The girl they rescued from that concentration camp in 1945 was my mother. She was 15 then. Now my own daughter is 15. She is healthy, strong and free—and proudly, very American.

"The veterans I serve today represent those same GIs who rescued my mother and countless others like her."

"The veterans I serve today represent those same GIs who rescued my mother and countless others like her. My family can never repay our debt of gratitude to those soldiers. But I can think of no better way to try than my continued service here at VA."

During his residency at VA Long



FAMILY PHOTO

Dr. Arthur Kreitenberg with his daughter, Zoe, and mother, Irene, a survivor of the Holocaust.

Beach, Kreitenberg took care of many World War II veterans, including some who helped liberate concentration camps.

"Growing up, I always felt a certain 'shadow' over my house," he explained. "As I started learning and looking at history, I found that there was a dark period in time that haunted both my parents. I discovered they were both Holocaust survivors.

"Being a child of these survivors, I wanted to know about their experiences during the war. All throughout my childhood, I accepted what my mother told me: that she had simply been in a 'coma' during that period. Later, in medical school, I learned that people who end up in a pro-

longed coma have a minimal chance of survival.

"That's when I started putting the bigger picture together. My mother never spoke of her Holocaust experience because she had been immensely traumatized. She had blocked out those years of her life."

Kreitenberg doesn't think his family's debt to the American GI is unique.

"If you show me a family that doesn't feel a debt of gratitude to our men and women in uniform," he said, "either they don't understand their family history or they don't understand this nation's history. I think every family in this country has a debt of gratitude to the American GI.

"I consider it an honor and a privilege to work at VA Long Beach," Kreitenberg concluded. "I only hope I've given as much as I've received." **VA**

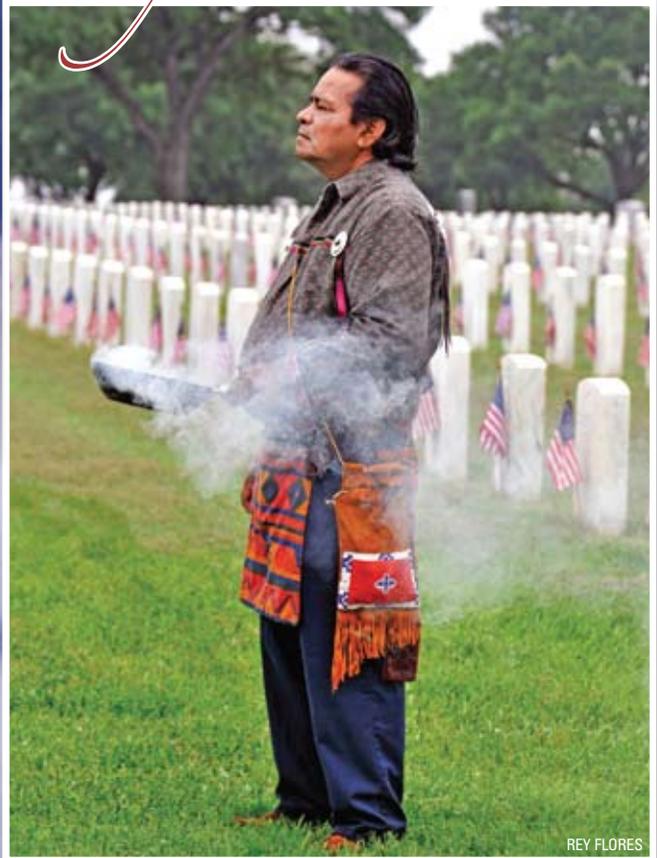
By Alyssa Eddolls

Memorial Day 2010



AMANDA URREA

President Obama lays a wreath in honor of fallen service members at Abraham Lincoln National Cemetery in Elwood, Ill.



REY FLORES

Miguel Sanchez, a member of San Antonio's Native American community, blesses the grounds at Fort Sam Houston National Cemetery.



DIANE POLACEK

Veterans service organization representatives conduct the massing of colors at St. Augustine (Fla.) National Cemetery.



CAMRYN JAROSZEWSKI

Boy Scouts retire a flag during a ceremony at the James A. Haley Veterans' Hospital in Tampa.



TIM WESTMORLAND

A moment of quiet reflection at Bay Pines (Fla.) National Cemetery.

Air Force veteran Ted "The Flagman" Harris distributes flags to veterans at the Atlanta VA Medical Center.



ANN HAMILTON

Nineteen VA Executives Selected Presidential Rank Award Winners

Nineteen VA employees have been selected as winners of the 2009 Presidential Rank Award, a recognition bestowed on about 50 people each year out of 1.8 million federal employees nationwide. Each year, the President recognizes and celebrates a small group of career senior executives with the award. Recipients are strong leaders who achieve results and consistently demonstrate strength, integrity, industry and a relentless commitment to excellence in public service.

“The senior executive staff provides the continuity and in-depth expertise and insight to keep our government, and therefore our country, running smoothly,” said Secretary of State Hillary Rodham Clinton, who delivered the keynote address during the May 6 awards banquet held at the State Department in Washington, D.C. “I wish every federal employee could be recognized and thanked for his or her efforts ... tonight we have the special opportunity to thank those of you who have made exceptional contributions.”

The Presidential Rank Awards have two categories: Distinguished and Meritorious. No more than 1 percent of the career Senior Executive Service corps can receive the Distinguished Executive Rank

Award, and only 5 percent receive the Meritorious award.

VA’s winners in the Distinguished category are: Elizabeth J. Freeman, director, VA Palo Alto (Calif.) Health Care System; Glen W. Grippen, director, Rocky Mountain Network (VISN 19); Alan S. Perry, director, VA Central California Health Care System; and James M. Sullivan, director, Asset Enterprise Management.

Winners in the Meritorious category are: James P. Cody, director, Syracuse VA Medical Center; Sandra D. Flint, director, Phoenix VA Regional Office; James R. Floyd, VA Heartland Network (VISN 15); Willie L. Hensley, principal deputy assistant secretary, Office of Human Resources and Administration; Richard J. Hipolit, assistant general counsel; Stephen L. Lemons, VA Healthcare Network Upstate New York (VISN 2); Stephen M. Lucas, director, James A. Haley Veterans’ Hospital, Tampa; Michael E. Moreland, director, VA Healthcare-VISN 4;

Leo A. Phelan, director, Office of Facilities Access; Fernando O. Rivera, director, Washington, D.C., VA Medical Center; Edward H. Seiler, director, Huntington (W.Va.) VA Medical Center; Keith J.



Elizabeth J. Freeman



Glen W. Grippen



Alan S. Perry

Thompson, director, Louisville (Ky.) VA Regional Office; Sally L. Wallace (retired), associate deputy assistant secretary, Privacy and Records Management, Office of Information and Technology; Suzanne C. Will, regional counsel, San Francisco; and Antonette



James M. Sullivan

Zeiss, deputy chief consultant, Mental Health Services.

During her speech, Secretary Clinton highlighted several key areas of success achieved by the 2009 winners, including Grippen’s leadership in saving VA \$10.9 million in the pharmacy benefits program and through contracting and purchasing changes. The festivities were sponsored by the Senior Executives Association and held in conjunction with the group’s 25th annual black-tie Distinguished Rank Awards Banquet. Distinguished Rank Award recipients receive a payment of 35 percent of their annual salary and Meritorious Rank Award recipients receive 20 percent of pay as part of the award.

Recognition Letter Available for Korean War Veterans

The Korean War left the Korean Peninsula split into two nations—one free and prosperous, the other enslaved and starving. The Republic of Korea to the south owes its freedom and prosperity to the armed forces of the United States and 21 other nations who took on North Korean and later Chinese Communist forces as they attacked the south on June 27, 1950, 60 years ago.

The Republic of Korea will express its thanks to the nations who defended it and particularly to the military veterans who fought in defense of freedom during the Korean War this 60th anniversary year. The centerpiece of this recognition is a letter to each U.S. Korean War veteran from the President of the Republic of Korea. That government has asked VA to let Korean War veterans know that the letter is available to them upon request. Those wanting to receive their letter need only to submit an online application form by visiting eng.koreanwar60.go.kr/apply.asp or download the application and mail it to: US Branch ROK 60th AKW Commemoration Committee, 2450 Massachusetts Avenue, N.W., Washington, D.C., 20008.

Senior VA Executive Named Interim Superintendent of Arlington

At the request of Army Secretary John McHugh, VA Secretary Eric K. Shinseki detailed Patrick K. Hallinan, a 31-year employee of the National Cemetery Administration, to the Army in June to assist in the management of Arlington National Cemetery.

“VA and the Army share a common goal of honoring all who have served and sacrificed for their country,” Shinseki said. “We look forward to assisting the Army in serving all members of the active and reserve components, eligible veterans and their families with the utmost dignity, respect and compassion.”

On June 10, Army Secretary McHugh announced a series of management and oversight changes in the Army National Cemeteries Program, which includes both Arlington and the Soldiers’ and Airmens’ Home National Cemetery in Washington, D.C. On the retirement of current Arlington Superintendent Jack Metzler, VA’s Hallinan will serve temporarily as superintendent while the Army conducts a nationwide search for a permanent replacement.

Hallinan currently serves as director of NCA’s Office of Field Programs, responsible for the oversight of VA’s 131 national cemeteries and five Memorial Service Network offices. Hallinan has a wide breadth of experience in every facet of cemetery operations—beginning as a basic laborer at Long Island National Cemetery through his appointment as director of Calverton (N.Y.) National Cemetery, to his current duties at VA headquarters.



Patrick K. Hallinan

New Scholarship Available for Children of Fallen Service Members

Marine Gunnery Sgt. John D. Fry, 28, had only a week left in Iraq when he injured his hand. He could have gone home with a Bronze Star. Instead, he volunteered for one last run to defuse bombs. After working seven hours, the Texas native was killed March 8, 2006, by an improvised explosive device.

Now, a new scholarship program named after Fry will allow his three small children and those of other service members who died on duty in Afghanistan and Iraq to apply for benefits under the Post-9/11 GI Bill. Beginning May 1, children of service members who died in the line of duty after Sept. 10, 2001, can apply for education benefits under the Post-9/11 GI Bill. The Marine Gunnery Sergeant John David Fry Scholarship amends the Post-9/11 GI Bill to include children of service members.



Gunnery Sgt. John D. Fry

Eligible children attending institutions of higher learning may receive payments to cover their tuition and fees up to the highest amounts charged by a public, in-state undergraduate institution. A monthly living allowance and books and supplies stipend are also paid under this program.

VA will begin paying benefits under the Fry scholarship program on Aug. 1, 2010. Eligible participants may elect to receive benefits retroactively to Aug. 1, 2009, the day the Post-9/11 GI Bill took effect.

A dependent may be married or over 23 and still be eligible. Eligible children are entitled to 36 months of benefits at the 100 percent level. They have 15 years to use the benefit beginning on their 18th birthday, and may use the benefit until their 33rd birthday.

Fry’s wife Malia said that when people asked him why he was in Iraq, Fry told them, “to help the children.” VA estimates nearly 1,500 children will receive benefits under this scholarship program in 2010. For more information, call 1-888-GIBILL-1 (1-888-442-4551) or visit the GI Bill Web site at www.gibill.va.gov.

Online Application for Health Benefits Now Easier for Veterans

Veterans will find it faster and easier to apply for their health care benefits now that VA has updated its online Form 10-10EZ, “Application for Health Benefits.”

This revised online application offers enhanced navigation features. The most significant enhancement allows veterans to save their application to their local desktop and return to the application at any time without having to start over. Previously, veterans had to complete the form in a single session. The new version also allows veterans to save a copy of the completed form for their records.

The updated online form, along with the revised VA Form 10-10EZ, eliminates some questions asked on the old form. Minor changes were also made to simplify the wording of questions and improve clarity in the instructions. More enhancements to the online application are coming later this year.

Veterans can complete or download the 10-10EZ form at the VA health eligibility Web site at <https://www.1010ez.med.va.gov/sec/vha/1010ez>. Veterans may also contact VA at 1-877-222-8387 (VETS) or visit the VA health eligibility Web site at www.va.gov/healtheligibility.

New Bronze Veterans' Medallion Now Available for Order

A new option for marking veterans' graves in private cemeteries is now available for order. VA is offering bronze medallions to attach to existing, privately purchased headstones or markers, signifying a deceased's status as a veteran.

The new item can be furnished instead of a traditional government headstone or marker for veterans whose death occurred on or after Nov. 1, 1990, and whose grave in a private cemetery is marked with a privately purchased headstone or marker.

Under federal law, eligible veterans buried in a private cemetery are entitled to either a government-furnished grave marker or the new medallion, but not both. Veterans buried in a national or state veterans cemetery will receive a government headstone or marker of the standard design authorized at that cemetery. The new medallions will be available only to veterans buried in private cemeteries without a government headstone or marker.



The medallion is available in three sizes: 5 inches, 3 inches and 1½ inches in width. Each bronze medallion features the image of a folded burial flag adorned with laurels and is inscribed with the word "Veteran" at the top and the branch of service at the bottom.

Next of kin will receive the medallion, along with a kit that will allow the family or the staff of a private cemetery to affix the medallion to a headstone, grave marker, mausoleum or columbarium niche cover.

More information about VA-furnished headstones, markers and medallions can be found at www.cem.va.gov/cehl/hm/hmtype.asp. VA is currently developing an application form for ordering the medallion. Until it is available, applicants may use the form for ordering government headstones and markers, VA Form 40-1330. Instructions on how to apply for a medallion can be found on the VA Web site at www.cem.va.gov/hm_hm.asp.

Shorter, Simpler Forms Speed Benefits Claim Filing Process

VA has introduced shortened and improved benefits application forms to make filing claims faster and easier for veterans. The new forms, which are being made available on VA's Web site at www.va.gov/vaforms, include:

■ A shortened VA Form 21-526 for veterans applying for disability compensation or pension benefits for the first time. This form has been cut from 23 pages to 10. It is immediately available to veterans via Web download, and will be available through VA's online claim-filing process later this summer at vabenefits.vba.va.gov/vonapp/main.asp.

■ VA Form 21-526b for veterans seeking increased benefits for conditions already determined by VA to be service-connected. This new form more clearly describes the information needed to support claims for increased benefits.

VA has also introduced two new forms for veterans participating in the department's new fully developed claim program, which is one of the fastest means to receive a claims decision.

Gathering the information and evidence needed to support a veteran's disability claim often consumes the largest portion of the processing

time. If VA receives all of the available evidence when the claim is submitted, the remaining steps in the claims decision process can be expedited without compromising quality.

To participate in the FDC program, veterans should complete and submit an FDC Certification and VA Form 21-526EZ, "Fully Developed Claim (Compensation)," for a compensation claim, or a VA Form 21-527EZ, "Fully Developed Claim (Pension)," for a pension claim.

The forms were designed specifically for the FDC program. These six-page applica-

tion forms include notification to applicants of all information and evidence necessary to "fully develop" and substantiate their claims. With this notification, veterans and their representatives can "fully develop" their claims before submission to VA for processing.

Along with the application and certification, veterans must also submit all relevant and pertinent evidence to "fully develop" their claims. A claim submitted as "fully developed" may still require some additional evidence to be obtained by VA, including certain federal records and a VA medical examination.

New Hotline Helps Homeless Veterans Find Support, Resources

VA Secretary Eric K. Shinseki announced on June 3 the establishment of a new telephone hotline to provide emergency support and resources to homeless veterans. He made the announcement as he toured the facility at the VA medical center in Canandaigua.

"It is unacceptable for a single veteran to spend the night on the streets of America," said Shinseki. "The hotline of the new National Call Center for Homeless Veterans will provide homeless veterans with caring, timely assistance and coordinated

access to VA and community services."

Family members, workers at community agencies and non-VA providers also may call the hotline at 1-877-4AID VET to find out about the many programs and services available to assist homeless vet-

erans. Well-trained expert responders will staff the hotline 24 hours a day, seven days a week. They will join other responders who staff VA's Suicide Prevention Hotline at Canandaigua. Responders are cross-trained to handle calls at either call center. While a re-

sponder will know which type of call is incoming, all veteran callers will receive a brief suicide screening.

The hotline, which began service on March 1, had received 1,846 calls by June 3. Call volume is expected to grow as awareness of the service increases.

The National Call Center for Homeless Veterans is the latest in a series of initiatives to help homeless veterans. Last year, Shinseki launched a campaign to eliminate homelessness among veterans within five years. Since then, the number of veterans homeless on a typical night has dropped

18 percent.

“This reduction was achieved through VA’s commitment to end homelessness among veterans through enhanced collaboration with other federal, state, faith-based, veterans service organizations and community partners,” Shinseki said.

VA has approximately 4,000 agreements with community partners to help homeless veterans. Last year, more than 92,000 homeless veterans were served by the department’s specialized homeless programs. That is an increase of 15 percent from the previous year.

Latest Version of Veterans Benefits Booklet Now Available

The latest edition of the federal government’s best-selling booklet—“Federal Benefits for Veterans, Dependents and Survivors”—is now available online and in print from the U.S. Government Printing Office.

The 168-page handbook provides the latest information on important changes in eligibility for VA medical care and benefits. It describes other federal benefits, including education, disability compensation, pension, home loan guaranty, vocational rehabilitation, life insurance and burial assistance.

Readers will also find addresses and phone numbers of all VA medical centers, regional offices, national cemeteries, vet centers and other

VA facilities listed. Additionally, the booklet lists toll-free phone numbers and important Web addresses that provide information about veterans benefits and specific programs.

New to the 2010 edition is the Pre-Discharge Program, a joint VA and Department of Defense program that affords service members the opportunity to file claims for disability compensation and other benefits up to 180 days prior to separa-

tion or retirement. The two primary components of the Pre-Discharge Program, Benefits Delivery at Discharge and Quick Start, may be used by all separating continental U.S. service members on active duty, including members of the Coast Guard, and members of the National Guard and reserves.

Also new for 2010 are two separate chapters dedicated to dependents and survivors of veterans. Chapter 11 focuses

on health care benefits, while Chapter 12 focuses on benefits such as compensation and education.

The 2010 edition is free online at www.va.gov/opa/publications/benefits_book.asp or may be purchased for \$5 from GPO.

For copies, ask for GPO stock number 051-000-00238-5 from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO, 63197-9000. To order with Visa, Mastercard, Discover or American Express, call toll-free 866-512-1800.

“Federal Benefits for Veterans and Dependents” has ranked among the top five GPO publications in annual sales for the past decade.



Activities Help Spread Word on Military Sexual Trauma Recovery

“Making Connections to Help Military Sexual Trauma Survivors.” That was the national theme of VA’s Sexual Assault Awareness Month activities in April.

VA MST coordinators seized the opportunity to highlight the impact of sexual trauma on survivors’ lives and to spread the word about VA services available to assist in recovery. “MST can have a tremendous impact on survivors’ mental and physical health, but many men and women suffer alone, without speaking

up,” said Susan McCutcheon, R.N., director of Family Services, Women’s Mental Health and MST in VA’s Office of Mental Health Services. “Sexual Assault Awareness Month gives VA a chance to continue to spread the word that combat is not the only trauma experienced by our veterans, and that VA cares deeply about MST survivors as well.”

Throughout the month, MST coordinators at facilities all over the country hosted events designed to educate veterans and staff about issues

related to MST. Some of the events provided the opportunity for survivors to break their silence about their experiences.

MST survivors in treatment at the Little Rock (Ark.) VA Medical Center hosted a conference for other survivors that focused on how treatment has helped improve their lives. MST Coordinator Diddy Vance noted how powerful it was for the attendees to hear this message from other veterans, not just professionals.

Julia Sewell, MST coordinator at the VA Puget

Sound Health Care System, arranged to display a large, colorful Afghan blanket, each square of which had been made by a survivor. In this same vein, many facilities hosted “Clothesline Projects” in which veterans decorated T-shirts in ways that reflected their experiences of sexual trauma and recovery. Shirts were then hung side-by-side to bear witness to how their lives have been affected by MST.

Aiming to give the entire community a chance to speak **continued on page 30**

Rick Hart

Rick Hart, of the VA North Texas Health Care System in Dallas, is the department's 2010 VA Energy Champion, an honor he earned by reducing the facility's environmental impact, energy use and cost as well as developing higher efficiency standby systems in case of a regional emergency.

As energy manager for VA North Texas, Hart has led the energy management team in reducing energy costs, energy intensity and environmental impact while increasing sustainability and system process security.

His position as a leader in energy management within the federal government was recognized recently by the Department of Energy federal energy management program. Dallas was among 22 VA medical centers cited by the Green Building Initiative for their efforts to achieve sustainability. The Dallas VAMC was awarded three out of a possible four "green globes" based on criteria such as building energy efficiency, low greenhouse gas emissions, conservation of resources and protection of water, and other environmental assessments.

Before coming to VA, Hart was an electrical contractor whose company implemented early energy management strategies in commercial,

industrial and residential buildings after the first energy crisis. "In those days, freezing in the dark was the most common approach to managing energy, with mixed results from building occupants," Hart said.

A health care facility is a particularly challenging setting in which to manage energy. Conditioned air is routinely exhausted for infection control, lights are on 24/7, comfort of the patient is the prime focus, and individual patients can be too hot or too cold simultaneously. Hart recognizes that his role in health care is not direct patient care but providing an environment conducive to healing for the veteran and the caregiver.

Measures to increase production and performance and reduce waste, while reducing overall energy use, are difficult to implement across a complex, 84-acre, 2.6 million square-foot and growing campus like the Dallas VAMC. The first building began operation in 1940, and new construction is underway that requires old systems to be actively managed with those that are more technologically advanced.

The federal requirement that each agency reduce energy 30 percent by 2015 is a challenge common to all VA



BRUCE MORRIS

Rick Hart is a federal government leader in energy management.

energy managers. It requires a global view of how to save every BTU possible—from systems that serve the entire campus to an individual employee. Staff education to improve energy awareness is the key to overall success. One employee practicing effective energy use may not be significant, but a combined effort of more than 4,000 employees can make a huge impact.

The VA North Texas Health Care System is exploring all aspects of energy reduction, including renewable energy generation, and continues to push the envelope on energy, water and environmental conservation initiatives. The Dallas VAMC opened an

alternative fuel station this year that provides E-85 to flex-fuel cars and in 2009 commissioned a 337-kilowatt photovoltaic solar panel system on the roof of its clinical addition. A solar hot water system has been operational since 1990.

"The Dallas VAMC is well on its way to synchronizing more systems and services into one sustainable model to focus on automation, power quality and system efficiency and reliability," Hart said. His proudest moment was when VA North Texas Health Care System received the national 2009 Association of Energy Engineers award for a corporate energy management program in Washington, D.C. **VA**

Military sexual trauma recovery cont.

up about issues related to MST, Mary Mitchell, of the Iowa City VA Medical Center, created a "Ribbons of Support" campaign at her facility. Staff, veterans and members of the community were given the opportunity to send a message of support or encouragement to survivors, with messages

displayed publicly at the end of the month.

"These sorts of events help let survivors know they are not alone and can assist them in making connections to new sources of support," said McCutcheon. "They also give VA staff an opportunity to reaffirm our commitment

to this issue and help connect survivors with effective treatment. The events that MST coordinators host each year are really creative, and it's exciting to see the wonderful responses they draw from veterans, staff and others who participate."

VA provides free care for all mental and physical health

conditions related to MST. Veterans do not need to be service-connected and may be able to receive this care even if they are not eligible for other VA care. To learn more, visit www.mentalhealth.va.gov; VA staff can also find information on the Intranet at vaww.mst.va.gov. **VA**

VA Space Experiment Among Last to Fly on Discovery Shuttle

She calls them her “astromice.” Former astronaut Millie Hughes-Fulford, Ph.D., a cell biologist with VA and the University of California, San Francisco, sent 16 mice into space aboard the shuttle Discovery on its April mission to the International Space Station. The shuttle, first flown in 1984, and two others are being retired later this year. Hughes-Fulford and her team at the Laboratory of Cell Growth are studying the mechanisms behind the effects of space on the immune system.

NASA first learned about the effects of space-flight on T cells—key in fighting infections—back in the 1970s. “Basically, what happens is the T cell does not activate—it doesn’t respond to an antigen presentation,” says Hughes-Fulford. “When the astronauts come back to Earth, it doesn’t go back to normal for about seven days.”

Unlike the effects on bone mass, the changes to astronauts’ immune systems gradually reverse—even after long space flights. But learning why the changes occur in the first place could lead to new treatments for earthbound humans with immune disorders and new therapies to fight pathogens, says Hughes-Fulford, who flew a Spacelab mission in 1991.

After the space mice returned from their two-week, 6 million-mile trip on April 20, the researchers compared them with a control group, challenging the animals’ immune systems with a protein from egg whites and then running comparative gene scans to see which genes might be activated in one group but not the other. The analysis will take weeks to complete. - *VA Research Currents*



Dr. Millie Hughes-Fulford and her team at the Laboratory of Cell Growth are studying the mechanisms behind the effects of space on the immune system.

HUGHES-FULFORD LABORATORY

Limb Salvage Program Helps Prevent Amputations, Improve Quality of Life

Army veteran David McNerney knows about fighting. He was awarded the Medal of Honor for his bravery and courage when his unit was attacked by a North Vietnamese battalion near Polei Doc. His story and that of his unit is told in the recently produced documentary, “Honor in the Valley of Tears.” But this spring, McNerney was fighting a different kind of battle—a struggle to keep his leg.

“The Michael E. DeBakey VA Medical Center recently established a limb salvage program to help prevent amputations and improve the quality of life of our veterans,” said Panagiotis Kougiaris, M.D., chief of the vascular surgery section at the Houston VA facility and an assistant professor of vascular surgery at Baylor College of Medicine. “Mr. McNerney’s medical case represents the typical patient who can benefit from such a program.”



BOBBI GRUNER

Medal of Honor recipient David McNerney exercises his legs with his DeBakey VA surgeons, Panagiotis Kougiaris, M.D., left, and Carlos Bechara, M.D.

The reality of leg amputation, whether partial or full, is one faced by more than 200,000 people every year. There are an estimated 1.7 million people living with limb loss in the United States alone. Reasons for limb loss range from trauma to infection, diabetes to cancer, and vascular disease to various other diseases.

At the DeBakey VA, Kougiaris is leading a multidisciplinary, collaborative effort involving vascular surgery, plastics, orthopedics, interventional radiology, internal medicine, cardiology, infectious disease, podiatry and patient education to prevent amputations. The program focuses on patients who suffer from critical limb ischemia, a severe obstruction to the arteries that decreases blood supply to the extremities. CLI is a symptom of peripheral arterial disease.

The only solution for limb salvage in patients with CLI is revascularization. This can be achieved with

either open surgical bypass procedures, or endovascular interventions such as balloon angioplasty and stenting. More complex forms of arterial obstruction require “hybrid” operations. These combine the open and endovascular approaches, and are performed by surgeons highly skilled in both. Appropriate facility infrastructure with technically advanced imaging equipment and a broad range of endovascular surgical supplies is essential. Hybrid operations are routinely performed at the DeBakey VA as part of limb salvage procedures.

“I really wanted this procedure and have the greatest confidence in the doctors and nurses at the DeBakey VA,” said McNerney the day after his surgery. “Already, I can feel such an improvement in my leg, foot and toes. I can’t wait to get up and walk without numbness and pain I felt before.”

“All too often, the first steps to an amputation occur with a small wound that doesn’t heal. Then the sequence is gangrene, loss of a digit, and then loss of a limb. When someone loses a limb, they oftentimes end up losing their life,” said Carlos Bechara, M.D., staff vascular surgeon and an assistant professor of vascular surgery at Baylor College of Medicine.

Veterans exhibiting leg pain or symptoms not easily explained by arthritis should see their doctor. Diabetics should see their health care provider regularly to prevent circulation problems before they start.

“We want to give veterans every chance to keep their limbs and live a full life,” said David H. Berger, M.D., operative care line executive and professor of surgery at Baylor College of Medicine.

Neurologist Consults on Resdesign of Iconic Reflex Hammer

Because of his expertise on the history of neurologic technologies, and on reflex hammers in particular, Dr. Douglas Lanska of the VA medical center in Tomah, Wis., was consulted by the American Academy of Neurology to redesign the Taylor reflex hammer.

The Taylor reflex hammer was originally designed by American neurologist J. Madison Taylor in 1888 and was the first tool specifically developed to elicit reflexes. It had a distinctly American design compared to earlier European chest percussion hammers.

The Taylor hammer was subsequently praised and popularized by many of the founding fathers of American neurology, including S. Weir Mitchell, who used it in his neurological assessments of Civil War veterans, and Charles Mills, who considered it “the best hammer for tapping the much-abused patellar ligament.” It was later incorporated into the original logo of the American Academy of Neurology—more than a half-century ago.

According to Lanska, most currently available reflex hammers are underweighted and too short to be effective at eliciting the full range of reflex responses, particularly depressed reflexes.

“Most hammers are cheaply made models often distributed by pharmaceutical companies as promotional items,” Lanska said. “These appeal to medical students because of their low cost and the ease with which they can be carried in a pocket. Experienced neurologists, however, tend to favor heavier and better-made models of German or British hammers designed nearly a century ago.”

Lanska was determined to create a new, high-quality version of the Taylor hammer that would be useful to modern neurologically oriented clinicians. The general shapes of the head and handle have been preserved. The hammer has been reweighted with a much heavier head, and equipped with soft rubber striking surfaces and a longer, high-quality metal shaft. The new hammer weighs approximately 180 grams, comparable to a high-quality modern Trömner hammer, rather than the 55- to 60-gram weight of typical commercial models.

“We went through at least a half-dozen iterations between the engineers, the machinists and myself, with about a dozen prototypes,” said Lanska.

All of the prototypes were tested at the bedside and compared for overall feel and appearance, convenience, ease of use, and effectiveness in eliciting reflexes. Interestingly, this process was very much like the one Taylor used in the 1880s when he worked with a medical instrument manufacturer in Philadelphia.

Lanska noted that the Taylor hammer is held and swung differently from other reflex hammers. In use, the Taylor hammer should be held between the thumb and index finger at an enlarged and scalloped portion of the shaft opposite the head, so that the hammer swings or pivots at this point prior to (and after) striking a tendon. This whip-like technique effectively increases the force on the tendon, and decreases the time of contact, so that when properly used the hammer functions like a hammer with an even longer shaft or heavier head.

This is the only reflex hammer available with this design, the rest being held in a fist hand like a conventional hammer. Still, the Taylor hammer has only a moderate weight, and easily fits in the pocket of a lab coat, unlike the unwieldy Queen Square hammer.

Lanska’s new reflex hammer has been named the “Taylor hammer–Lanska edition” by the American Academy of Neurology in his honor, and was highlighted in their 2010 catalog, in the “AAN News” last December, and at their annual meeting in Toronto in April.

“I hope neurologists and other neurologically oriented clinicians will find this new model of the Taylor hammer to be both convenient and useful in performing the neurologic examination,” said Lanska. “It carries special significance as an updated version of the original reflex hammer and the iconic hammer of the American Academy of Neurology.” **VA**



Dr. Douglas Lanska holds the re-designed Taylor Reflex Hammer in his right hand.

VA Palo Alto Hosts ‘Si Se Puede’ Celebration

The VA Palo Alto (Calif.) Health Care System recently hosted its first Cesar Chavez Celebration. Sponsored by the EEO office and the Hispanic Heritage Committee, the event’s theme was “Dedication to Service” and featured guest speaker Dolores Huerta, one of the nation’s most recognized labor leaders.

Huerta is president of the Dolores Huerta Foundation and the co-founder/first vice president emeritus of the United Farm Workers of America, AFL-CIO. Huerta shared her experiences as an organizer and a voice for those who could not speak for themselves. She and Chavez worked side-by-side to develop the National Farm Workers Association, which later became the United Farm Workers. Chavez left a legacy in this country; his birthday is a state holiday in 11 states. Many schools, parks, cultural centers, libraries and streets have been named in his honor. And his catch phrase, “Si Se Puede (Yes We Can),” has been adopted by activists and politicians worldwide.



CURT CAMPBELL

A mariachi band performed traditional music at the ceremony.

VISN 16 Works to Foster a Diverse Workforce

The South Central VA Health Care Network (VISN 16) Diversity Advisory Committee recently signed a diversity proclamation aimed at creating and sustaining a high-performing workforce by leveraging diversity and empowering all employees to achieve superior results in service to veterans. The Committee also launched a Web site, vaww.visn16.va.gov/diversity/diversity.htm, to share success stories, solicit employee feedback, and increase awareness, education and accountability for diversity and inclusion.

The committee’s primary goals are to create a diverse, results-oriented, high-performing workforce that reflects the communities the facilities in the network serve by identifying and eliminating barriers to equal opportunity; cultivating a flexible and inclusive work environment that enables full participation through strategic outreach and retention; and facilitating outstanding customer service and stakeholder relations by promoting cultural competency, accountability, education and communication.

“As administrators, it is our responsibility to hire employees who bring experience and expertise not only in their jobs, but in life,” said Julie Catellier, VISN 16 DAC chairperson. “Having employees from all walks of life brings a deeper, truer human understanding to the care we deliver.”



MARIAN MCCONNELL

Sherry Secrest, right, Women’s Health Clinic coordinator at the Salem (Va.) VA Medical Center, talks with social worker Tanyia Jones, who is also a patient at the clinic.

Mini-Residency Program Addresses Women’s Health Issues

The VA Mid-Atlantic Health Care Network (VISN 6) hosted a mini-residency education program on women’s health in Roanoke, Va., April 21-23. The program brought VA primary care providers from North Carolina, Virginia and West Virginia together to discuss the provision of women’s health care in VA facilities, environments traditionally dedicated to male patient populations. Presenters addressed a variety of topics, including heart disease, osteoporosis, depression, reproductive health, and health concerns common among women veterans of Afghanistan and Iraq.

“We’re very committed to ensuring women veterans get the best possible care and feel comfortable as they’re receiving it,” said program organizer Shenekia Williams-Johnson, the lead women’s health program manager in the region. In addition to the educational presentations, the group also conducted hand-on procedural exercises.

ditional presentations, the group also conducted hand-on procedural exercises.

HAVE YOU HEARD

Arboricultural Group Donates Services to Long Island National Cemetery

For 20 years, the Long Island Arboricultural Association (LIAA), a non-profit organization dedicated to the care of trees and shrubs in the area, has organized a donation to a public space on Arbor Day. LIAA members—tree service professionals—give their time, materials and expertise to improve the appearance and health of plant life on public grounds.

This year the recipient of those services was Long Island National Cemetery in Farmingdale, N.Y. More than 90 tree service professionals flowed into the cemetery on March 20. They removed four diseased trees and pruned more than 50. They also removed weak branches in high traffic areas. Estimates of the value of the services provided exceeded \$100,000.

At the end of the day, the volunteers gathered near the main gate for a tree planting. Tom Stapleton, owner of Stapleton's Tree Service, said he had been at every one of the LIAA events, "but this one is special."



Don't try this at home! A tree service professional prunes trees at Long Island National Cemetery.

Louisville VA Medical Center Named for Longtime Volunteer

On April 10, the VA medical center in Louisville, Ky., was formally re-named the Robley Rex VA Medical Center in memory of Rex, a volunteer who contributed more than 14,400 hours to VA. Rex, who died last year at age 107, began volunteering at the hospital in 1986. Until age 105, Rex volunteered up to eight hours a day, often five days a week. He delivered medical charts and was expert at connecting patients to the right staff member to meet their needs.



Robley Rex

A World War I-era Army veteran, Rex traveled around Germany and France after his enlistment in 1918 as a boxer in exhibition matches meant to entertain deployed troops. In 2005, Rex was honored by the Veterans of Foreign Wars as their National Volunteer of the Year. A native of Kentucky, Rex was VA's oldest active volunteer and is buried at Zachary Taylor National Cemetery in Louisville.



Diane Encarnacao, Portland VAMC interior designer and Navy veteran, and Dorothy Leonard, VAMC volunteer and Air Force veteran, get their hammers swinging.

New Women Veterans Health Clinic Coming to Portland

On May 12, local women veterans from World War II through Operations Enduring and Iraqi Freedom, affectionately known as the "Sisters Sledge," took part in knocking down walls at Oregon's Portland VA Medical Center to make way for their new Women Veterans Health Clinic. Scheduled for completion in August, the new clinic will offer one-stop health care for women veterans.

"The idea is to provide gender-specific care in a gender-sensitive setting," said Dr. Nancy Sloan, women veterans program manager. "VA is committed to providing excellent health care to all our veterans, and understands the unique challenges and needs of our women veterans." Funding for the design and construction of the \$300,000 clinic is part of President Obama's American Recovery and Reinvestment Act of 2009. For more on ARRA funding for VA, visit www.va.gov/recovery.



Peer Groups Give Veterans Hope in Houston

Veterans talking to veterans about their emotional and mental problems is good medicine. That’s the idea behind the Vet-to-Vet education and support group at the Michael E. DeBakey VA Medical Center in Houston.

The mental health and recovery-oriented program, with the goal of veterans helping other veterans, is open to all veterans, regardless of whether they are enrolled in the VA system. The group, founded three years ago, meets three times a week and focuses on learning to live with problems posed by mental illness and addiction.

“Each veteran who attends has both something to teach and share with others as well as something to learn from other veterans as a means of recovery,” said Ray Wodynski, a Marine Corps veteran and one of the founders of the Houston peer-support group. “We learn from each other. That’s where our motto, ‘Each One! Reach One! Teach One!’ comes from.”

Marine Corps veteran Ray Wodynski with Local Recovery Coordinator/Recovery Services Consultant Cristy Gamez-Galka, Ph.D.

Walk Your Spiritual Journey in Oregon

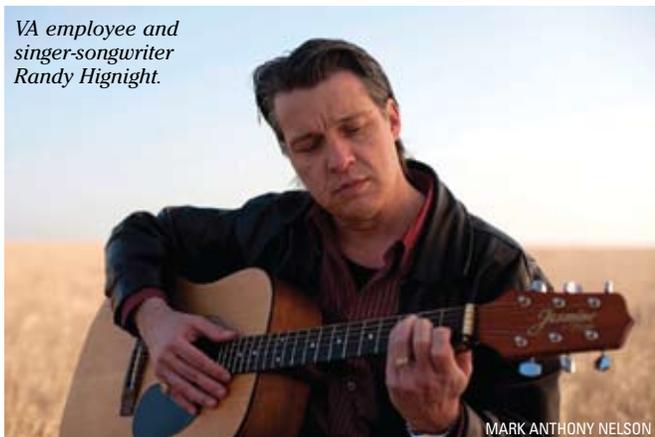
Formally dedicated on June 18, a new labyrinth on the grounds of the VA Southern Oregon Rehabilitation Center and Clinics (SORCC) is meant to inspire, heal and promote awareness of life’s twists and turns. Unlike a maze, a labyrinth contains only one path, representing life’s journey.

The labyrinth has long been used in meditation; this one was inspired by occupational therapist Carol Berger’s trip to a similar one in Ashland, Ore. After witnessing the profound effects the labyrinth had on veterans, Berger set about bringing one to the SORCC. The SORCC’s labyrinth was created with generous donations from several local organizations and community groups. And it seems to be working. “As I walked and talked on this neat brick maze, I could relate to my own life with the straight long path, then a few turns to navigate through, then more straight paths,” says veteran Tony DeLuca.

The labyrinth was dedicated on June 18.



VA employee and singer-songwriter Randy Hignight.



Using His Talent to Help Families of the Fallen

Last year, on a Sunday morning before church, Dallas VA Medical Center employee Randy Hignight was sitting in his living room watching the lights on the Christmas tree when he began to think about the families of soldiers who would not be coming home for Christmas. Inspired by their ultimate sacrifice, Hignight, a singer-songwriter for many years, took to his guitar, creating “Freedom Your Freedom.”

Since December 2009, Hignight has performed the song at various medical center and local veterans service organization events. A biomedical imaging specialist at the Dallas VAMC for 20 years, Hignight is donating a percentage of recording sales to the families of fallen soldiers. Currently available on iTunes and Amazon music, the song can also be found at www.freedomyourfreedom.com. VA

Atlanta VA Medical Center Social Worker Sets Marathon Record

An Atlanta VA Medical Center social worker became the first woman and youngest person ever to finish a marathon five different times in 50 states and the District of Columbia after competing in the annual KeyBank Vermont City Marathon Memorial Day weekend in Burlington, Vt. The record-setting event also marked another milestone for Kendel Prescott, 49, an Air Force and Army veteran—her 305th career marathon.



Kendel Prescott with the tools of her trade—Visual Impairment Services.

Prescott's journey as a runner began in 1989 when she was diagnosed with Guillain-Barre Syndrome, a neurological condition that affects the peripheral nervous system, while serving in the Army. During her five-month hospitalization, she promised herself that if she made it out of there, she would run at least five times a week. Prescott ran her first marathon, the 1990 Marine Corps Marathon, 10 months after being discharged. A member of the 50 States Marathon Club, Prescott has raced on all seven continents, in more than 14 countries, and has completed 36 triathlons, including the Coeur d'Alene Ironman Triathlon in Idaho and the Umstead 100-mile endurance run in North Carolina. "Marathons are a life passion and will be part of me forever," she said.

VA Retiree Wins 2009 Geico Public Service Award

Marilyn A. Schaub has been named recipient of the 2009 GEICO Public Service Award for Physical Rehabilitation for her 22-plus years of work at the Dayton (Ohio) VA Medical Center. Although she has been retired since 1995, Schaub is being honored for her management and supervision of patient care at the 338-bed domiciliary. She also served on the Domiciliary Advisory Board, Bio-ethics Committee, and the Patient Education Advisory Committee.

GEICO acknowledged her direct involvement in the medical center fire and safety program, the recruitment and hiring of licensed staff for Nursing Service, and her overall responsibility for the Nursing Service Quality Improvement Plan. Schaub began her nursing career after graduating from the Mercy School of Nursing in Detroit in 1952. She served as an Air Force nurse for more than four years.

Omaha VA Employee Honored by State Association

Marsha Sanley, of the Omaha VA Medical Center, was named 2010 Dietetic Technician of the Year by the Nebraska Dietetic Association during its annual conference in Lincoln on April 30. The award is presented to registered dietitians who demonstrate leadership in their association or place of employment, and exhibit concern for the promotion of optimal health and nutritional status of employees or customers.

Sanley works in the nutrition department at the Omaha VAMC, where she teaches outpatient nutrition classes for veterans who are currently in rehabilitation at the medical center's Recovery Center. She also teaches classes on healthy cooking and eating, weight management and portion control.



Selected by a panel of his peers, Jeffrey Heiger was chosen from a nationwide pool of VA hospital engineers.

VA Butler Healthcare Employee Named Engineer of the Year

Jeffrey Heiger was named the Veterans Health Administration's Chief Engineer of the Year 2010. A four-year Navy veteran and 26-year VA employee, Heiger has worked as VA Butler (Pa.) Healthcare's chief engineer since May 2008.

"I feel as if I'm a veteran success story," he said. "After two tours in Vietnam, I used the GI Bill to earn my bachelor's degree in civil engineering. For me, to serve our veterans is a privilege." Heiger was chosen from VHA engineers nationwide for the award. He was instrumental in securing \$15.7 million in American Recovery and Reinvestment Act (ARRA) funds for construction and restoration projects at VA Butler Healthcare. These projects will provide local veterans a state-of-the-art health care facility for years to come.

"This award is recognition of the medical center's hard work to enhance patient care," said Heiger. "VA Butler is currently working on exciting new construction for a community living center." Other projects are also in the works.

Florida VA Employees Receive Pfizer Award

Two Florida VA health care professionals who developed a new health literacy screening tool that will help keep patients safe received the 2010 Pfizer Health Literacy in Advancing Patient Safety Award. Jolie Haun, Ph.D., from the James A. Haley Veterans' Hospital in Tampa, and Patricia Donaldson, R.N., from the Malcom Randall VA Medical Center in Gainesville, were selected for the award by the National Patient Safety Foundation, Partnership for Clear Health Communication.

The NPSF award recognizes individuals and groups that have made significant strides in improving health literacy skills so patients can better understand health information and services needed to make appropriate health decisions. Haun, a VA researcher with expertise in health literacy, and Donaldson, a VA clinical care manager and certified diabetes educator, collaborated to develop an easy and highly effective health screening tool that allows clinicians to quickly identify patients with inadequate literacy skills, post health literacy scores in medical records, and tailor clinical practice and patient education to meet the individual needs of each patient.



STEVE HOLLINGSHEAD/GREG WESTLYE

Patty Donaldson, left, and Jolie Haun collaborated to develop a health screening tool that will improve patient safety and quality of care across VA.

Clinical Nurse Wins Award for Excellence in Transplant Care

Earlier this year, the acting Under Secretary for Health, Dr. Gerald Cross, awarded Ann Busch, a clinical nurse specialist with the Liver Transplant Service at the Portland (Ore.) VA Medical Center, the first Award for Excellence in Transplant Care at a special ceremony held in the nation's capital. "It was an incredible honor," said Busch. "There were physicians, surgeons, nurses and other health care professionals from all over the country nominated for this award, and I was delighted to be selected."

Since receiving her bachelor's degree in nursing in 1980 from the University of Portland, and her master's from the University of California, San Francisco in 1985, Busch has visited dozens of cities and countries lecturing and training on the unique challenges facing nurses working with liver transplant patients. Busch is no stranger to award ceremonies. In her 30-year nursing career, she has received the first National Association of Clinical Nurse Specialists' CNS of the Year Award in 2002, the AMSUS/Society of Federal Health Agencies' 2004 Clinical Nursing Excellence Award, and in 2009, was inducted as a fellow into the American Academy of Nursing.



KEVIN MCIVER

Dietitian Annemarie Price prepares a Waste Watcher food bag used throughout the facility to encourage waste reduction and composting.

Martinsburg VA Medical Center's 'Waste Watcher' Program Earns Achievement Award

The Martinsburg (W.Va.) VA Medical Center's Nutrition and Food Service staff recently achieved the distinction of becoming a VA Sustainability Achievement Award winner for their highly successful waste reduction and composting practices. Before the program, approximately 1,521 pounds of solid food waste was created each week—that amount is now less than 300 pounds.

"We've reduced waste by 80 percent," said Chief of Nutrition and Food Service Barbara Hartman, "through tracking food waste electronically to improve production forecasting, by donating food, and through our food scrap collection for composting program."

The Waste Watchers program is based on the Environmental Protection Agency's Food Waste Hierarchy, which has an end result of reducing food waste that saves money, and decreases the amount of food that ends up in landfills creating methane gas. In addition to the nationally-recognized Waste Watchers program, the Martinsburg VAMC has had an existing "Green Kitchen Project" for the procurement of local sustainably grown fresh produce with Kilmer Farms in Berkeley County, W.Va.

Austin Center Earns Environmental Certification

The Financial Services Center in Austin, Texas, recently accepted a plaque recognizing the facility's Leadership in Energy and Environmental Design "Silver" designation. The Financial Services Center embraced "green" building not only to reduce environmental impact, but also to lower operating costs and improve the employee work environment.

FSC partnered with the General Services Administration's Greater Southwest Region staff in Fort Worth to lease 90,000 square feet of commercial office space in Austin's MetCenter Business Park. FSC's facility was built to meet environmental standards set by the U.S. Green Building Council. Planning for the facility focused on employee wellness as well as protecting the environment. FSC used low volatile organic compounds in all paints, sealants, coatings, adhesives, carpet pads and carpets. The systems furniture and office chairs are made of low-emitting materials that contribute to healthier indoor air quality. Facility construction involved recycling almost 92 percent of construction waste, and nearly 24 percent of the total building materials used included recycled materials.



Financial Services Center Director Rod Wood, second from right, and Associate Director Chuck Thomas accept the LEED Silver plaque from U.S. Green Building Council representatives Jane Baxter Lynn, left, and Effie Brunson.

Cleveland VA Physician Receives Top Health Care Award



Dr. Chester Ho

Dr. Chester H. Ho, chief of spinal cord injury at the Louis Stokes Cleveland VA Medical Center, received *Crain's Cleveland Business* magazine's Healthcare Hero 2010 Award (physicians category) for his groundbreaking work in the treatment of pressure ulcers. Ho accepted the award during the magazine's May 6 awards ceremony in Cleveland.

Pressure ulcers, more commonly known as bedsores, are one of the most serious yet preventable afflictions affecting patients with spinal cord injuries. Assisted by a steady stream of funding from VA's Rehabilitation Research & Development Service, Ho was able to develop an innovative treatment called pulsatile lavage—a procedure used to clean wounds. It has become the standard of care for pressure ulcers in the Cleveland VA's spinal cord injury unit.

"My ultimate goal is to translate research findings into clinical practice," said Ho, whose research in the area of pressure ulcer management has been recognized both nationally and internationally.

Ho is also a principal investigator with the Cleveland Functional Electrical Stimulation Center, where he is studying the use of electrical stimulation to treat pressure ulcers. The center is a partnership of the Cleveland VA Medical Center, Case Western Reserve University and MetroHealth Medical Center.

Physician Recognized for Outstanding Work in Pain Management

Dr. Robert Kerns, of the Veterans Health Administration's Office of Patient Care Services, has been recognized by the American Pain Society for his significant contributions to the field of pain management. The recognition came in the form of the prestigious John and Emma Bonica Public Service Award, accepted by Kerns at the American Pain Society's 29th Annual Scientific Meeting in Baltimore, held in May.

"I am honored and humbled to receive this award," Kerns said. "I am extraordinarily proud of the VA's accomplishments in delivering state-of-the-art pain care for veterans. I share this award with the community of VHA colleagues who work every day to reduce the pain and suffering of the veterans we serve."

In his role as national program director for pain management, Kerns is responsible for developing policy and overseeing VHA's national pain management strategy. He directs an interdisciplinary team of clinical, research and training professionals within the VA Connecticut Healthcare System, and is a professor of psychiatry, neurology and psychology at Yale University. **VA**

Nurse Stabilizes Veteran in Distress

On the last Monday in April, Korean War veteran Robert Terranova and his wife, Carol, were headed to the emergency department of the James J. Peters VA Medical Center in the Bronx when the former Marine fainted about 100 yards from the medical center entrance. His wife desperately tried to keep him from falling, but they both collapsed to the ground.

Primary Care Nurse Janeen Williams, R.N., spotted Terranova on the ground and bolted from her car to provide assistance, bringing with her not only 15 years of nursing experience, but also nine years of experience as an ER nurse. On the way, she saw Tim Macintosh, a housekeeper, and urged him to call in a code. Williams assured the couple that help was on the way and she checked Terranova's blood pressure, with reassuring results. "I was scared and feeling so

helpless, but then the VA nurse came. She saved my life," said Terranova, who was admitted to the ICU and later transferred to the medical/surgical unit, where he eventually made a full recovery. For actions cited as "grace under fire" and "conduct beyond the call of duty," Williams received a special act award during National Nurses Week and Public Service Recognition Week, as well as recognition in the Bronx VAMC Employee of the Month program.



Left to right: Carol Terranova, Janeen Williams, R.N., and Robert A. Terranova.



Pharmacist, VA Volunteer Save Life With CPR

On April 28, a patient collapsed and went into cardiac arrest in the pharmacy at the Birmingham (Ala.) VA Medical Center. Clinical Pharmacist Michael Johnson and volunteer DAV transportation driver James "Bo" Aaron began performing CPR on the patient.

According to Johnson, the patient was without a pulse when they first arrived. Aaron performed mouth-to-mouth ventilations, while Johnson performed chest compressions. The pair was able to restore the patient's pulse before a medical team could respond to the code call, saving the patient's life.

DAV driver James "Bo" Aaron, left, and Clinical Pharmacist Michael Johnson acted quickly to help a patient who collapsed at the Birmingham (Ala.) VA Medical Center.

Bath National Cemetery Employees Save Choking Co-Worker

On March 19, employees of Bath National Cemetery in New York were on their morning break when Caretaker Timothy Wahl suddenly began to cough and choke while having a snack. Work leader Mark Schultz asked him twice if he was OK. Wahl slumped down in his chair, lost consciousness, and his face began to turn blue.

Cemetery Director Walter Baroody heard the commotion and rushed to the break area, where he immediately assisted Supervisor Kenneth Stephens and Schultz in coming to Wahl's aid. Stephens directed another employee to call the Bath VA Medical Center for an ambulance, while he and Baroody lifted Wahl so Schultz could administer the Heimlich maneuver. After the second attempt, Wahl coughed, dislodging the obstruction from his airway, and he started breathing again. He regained consciousness and waited for the ambulance to arrive.

"This could have been a tragedy, but it wasn't because all of my employees are trained in first aid and are aware of the correct procedures to follow," said Baroody. 



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