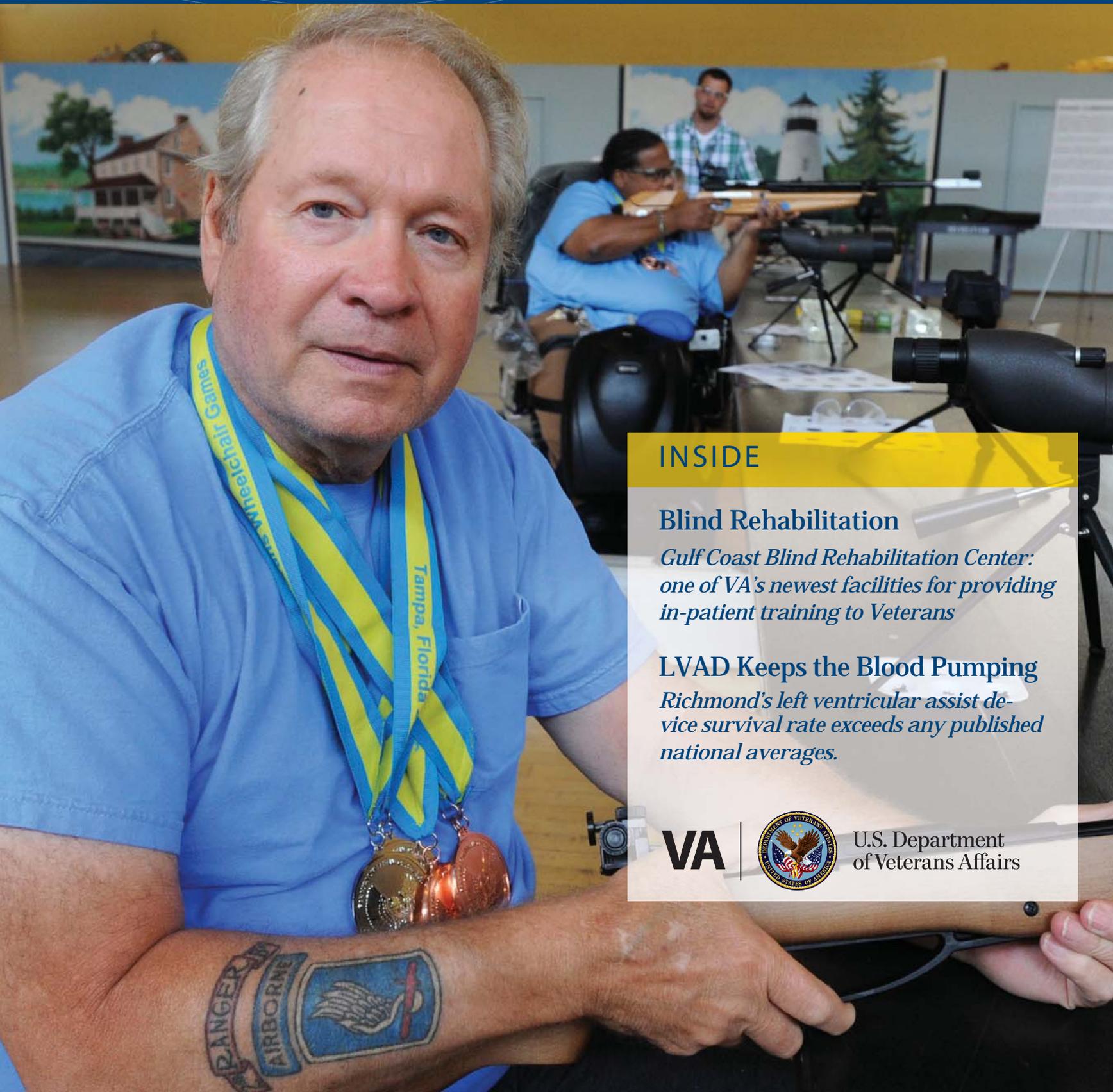


# VANGUARD

Serving America's Veterans

Winter 2014



## INSIDE

### Blind Rehabilitation

*Gulf Coast Blind Rehabilitation Center: one of VA's newest facilities for providing in-patient training to Veterans*

### LVAD Keeps the Blood Pumping

*Richmond's left ventricular assist device survival rate exceeds any published national averages.*

**VA**



U.S. Department  
of Veterans Affairs

# Aspiring to Excel

## VA PROGRAM MANAGEMENT CENTER OF EXCELLENCE

To better support Veterans during times of increasing demand for benefits and services, the VA is working hard to execute programs better and faster.

To accomplish this goal, the department has undergone years of change to transform into a 21st century organization. Now, there is a resource for sharing and building on that experience – the VA Program Management Center of Excellence (VA PMCOE).

“We have to make sure we aren’t starting from scratch with every program and project, so we are taking advantage of lessons learned. That’s where the VA PMCOE comes in,” explained Acting Assistant Secretary for VA’s Office of Policy and Planning, Mr. Bob Snyder.

Each month, dozens of stakeholders from across the department participate in VA PMCOE Knowledge Area (KA) meetings focused on a variety of program management disciplines such as requirements management and cost estimation.

Participants share best practices and work together to establish



**Snyder**

frameworks aimed at addressing longstanding VA program management challenges.

The VA PMCOE also makes program management subject matter experts (SMEs) available to any program or project manager in the Department. Upon completing an online request form, SMEs provide short-term, direct, on-call support at no cost to the requesting VA organization.

Ultimately, improving program management through efforts like the VA PMCOE is critical for the Veteran, according to Snyder. “The better job we do managing cost, schedule and performance, the more likely it is that our programs and projects will deliver beneficial outcomes for Veterans.”

Along the way, VA employees on the front line “will notice that new tools and services – which really do the job for the Veteran – are put in their hands faster.”

The VA PMCOE also serves as an enabler of efforts aimed to standardize and integrate department operations and management. Representatives of the KAs provide input for implementing efforts such as the Acquisition Program Management Framework (APMF) which was developed by the Office of Policy and Planning (OPP) and will be implemented by the Office of Acquisition, Logistics, and Construction.

Another initiative that will be impacted by members of the VA PMCOE is the End-to-End (E2E) Requirements Development and Management methodology.

“End-to-End is important,” Snyder said. “We have to be able to map and articulate our requirements all the way from the strategic vision to the Veteran. Once you have standard requirements, you need a standard way of executing them. That’s where APMF fits in.”

“OPP has become an integrative agent for the department, and the VA PMCOE is part and parcel of that role. The VA PMCOE can only be successful if VA program and project managers are willing to open up and share their needs. Then the VA PMCOE has to return real value.”

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COVER PHOTO: Army Veteran Nathan Moody, who trains at Perry Point, competed in the Wheel Chair Games for the first time in Tampa, Fla. Read more about the Games and Perry Point on Page 9.

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# From the Battlefield to the Gridiron

By Reynaldo Leal

Former U.S. Army Sgt. Daniel Rodriguez approached the line of scrimmage from the left, eyeing the punter. As the ball sailed through the air, he backed up, preparing for the return.

Sprinting down the middle of the field, he blocked an incoming Terapin, allowing his teammate to gain precious ground during the Clemson/University of Maryland matchup this fall.

Blocking for a punt return is not the most celebrated of jobs, but for Rodriguez, it is more than just a game. For the 5-foot-8-inch Clemson special teamer, it is a battlefield promise as well as his dream.

"I always mentioned playing football to my buddy [Kevin] Thompson," Rodriguez said, recalling their time at a combat outpost in Afghanistan. "Those conversations were where we drew our hope from. You just start to believe it, because that's what you have to hold on to, to get you out of the hell that you're in."

On Oct. 3, 2009, Rodriguez and 52 other Americans at Combat Outpost Keating near Kamdesh, Afghanistan, found themselves engaged in a fierce battle against more than 300 Taliban fighters. Harassing fire and rocket-propelled grenade attacks culminated into a massive assault. Severely outnumbered and surrounded, they fought wave after wave of insurgents for more than 12 hours.

"We had been attacked before, at



least four-to-five times a week," Rodriguez said. "That day though was different from anything we had experienced in Afghanistan. It was a day of complete chaos and a lot of bloodshed."

Rodriguez took shrapnel to his neck and leg and bullet fragments in his shoulder, but he kept fighting – throwing dozens of grenades, transitioning from his rifle to his pistol and then used whatever weapon he could get his hands on to fend off the attackers.

"I thought I was going to die," he said.

Rodriguez did not die, nor did he quit. He fought on, even after his best friend was killed at his side. Ultimately, they won the battle, but Thompson and seven other brave Soldiers were not among them. The wounded Rodriguez was evacuated to a medical facility and later given the option to return home.

"I couldn't live with myself, if something happened to them while I was back home," he said. "It's something that I just couldn't do. I had to stick it out."

The battle-hardened Soldier stayed until his tour ended.

## BACK HOME

Like many Veterans, it took Rodriguez time to readjust to the civilian life. The Purple Heart and Bronze Star with Valor recipient said he had problems sleeping and controlling his anger when he returned home.

"There were definitely flashbacks," he said. "We live near Quantico (Marine Corps Base) in Northern Virginia, and I would wake up in sweats when they did live-fire exercises. Those first three months were probably the worst time of my life - I had suicidal thoughts, and I was drinking too much."

According to Rodriguez, using the Post-9/11 GI Bill to attend community college changed his outlook for the better. He said throwing himself into his schoolwork helped take his mind off of the war. But there was one thing he couldn't stop thinking about: his conversations with Kevin Thompson about playing football when he got out of the Army.

By the end of his first semester, he was ready to make good on his wartime dream. The way he saw it, if he didn't at least try, then the Taliban would have taken more than his best friend's life.

"It started hitting me that I couldn't live my life

making excuses," he said. "I put everything in perspective. What would my friends do if they could be here today? I wanted to play college football and that's what I was going to do."

## THE WALK-ON

Rodriguez set out to get the attention of football programs. He created a recruiting video and posted it to YouTube. He didn't know if it would work, but he blocked out the naysayers who didn't think a 24-year-old Veteran could make his way onto a college team.

But the coaches were watching. Rodriguez soon received more than 100 calls and emails from teams across the country. Among the programs that were interested in him was South Carolina's Clemson University.

"Coach [Dabo] Swinney put in a lot of effort in getting me to come down to visit," he said. It only took Rodriguez one visit to fall in love with Clemson and Swinney's brand of football. "I left knowing I was going to be a Tiger."

When asked what Rodriguez brought to the table and why he wanted him on the team, Coach Swinney pointed to the Veteran's leadership.

"[Daniel] understands preparation, discipline, loyalty, teamwork, [and] all those things you need to play football," Swinney said after the Maryland game. "Daniel Rodriguez has left his imprint on our program already."

If getting Swinney's attention and walking on to a premier football program wasn't hard enough, Rodriguez still had to contend with the NCAA and ACC. But the stars seemed to line up perfectly for the Clemson hopeful. After filing waivers and cutting through the red tape, his dreams finally became a reality: Daniel Rodriguez was a college football player.

Now in his second season, Rodriguez is very much a household name among the Clemson faithful. He's led the team out onto the field at home games and has been featured in ESPN and CBS Sports stories. However, the walk-on doesn't want to be considered a charity case or PR stunt.

"I think I've done a good job at separating combat from the classroom," he said. "Even though I value my experiences in the military, right now I'm focusing on school and football. I want them to know that I'm here because I put the work in and I earned it."

# Gulf Coast Blind Rehabilitation Center



By Debra Gilley

The Gulf Coast Blind Rehabilitation Center (GCBRC), located in Biloxi, Miss., is one of VA's newest facilities for providing in-patient training to Veterans who are blind or visually impaired. Located in a peaceful oasis less than a mile from the beach, the center is housed in its own building with spacious bedrooms, private baths, a fitness center, and a lot of classrooms for training. Blind Services specialists provide training to assist Veterans in remaining as independent as possible, and nursing staff are present 24 hours a day to assist with medical needs.

The GCBRC opened with the admission of three Veterans in September 2011. Eight more Veterans joined the program within a few weeks, filling the 11 spots that were initially approved by VA. Since the hiring of more Blind Rehabilitation staff in 2012, the facility is currently operating at 18, which is full capacity with the potential for a census of 26 in the future.

"I am extremely proud of how our Blind Rehab team has progressed," said Anthony L. Dawson, director, Gulf Coast Veterans Health Care System. "We at VA Gulf Coast strive to be the best at everything we do, to ensure [that] the Veterans we serve receive everything they have earned. We look forward to enriching the lives of our visually impaired Veterans for many years to come."

Stays at the rehabilitation center are generally between two and six weeks, depending on the Veteran's individual goals, extent of visual impairment, and how recently the visual impairment occurred. Veterans who utilize the longer in-patient stays are typically new to blind rehab. Those who come to the GCBRC for advanced training already know the basic skills for independence and typically stay for shorter time periods.



Opposite page: Specialist Robin Sniffen explains the features of an electronic tablet to Veteran Prince Williams. Above: Veteran Michael Williamson stitches a bag in leatherwork.

There are six major areas of training offered: manual skills, orientation and mobility, vision skills, living skills, assistive technology and the Apple mobile operating system (iOS). All staff members have received certifications in at least one area accredited by the Academy for Certification of Vision Rehabilitation and Education Professionals; more than 50 percent hold certifications in two out of three possible areas.

Manual Skills training increases the Veteran's self-confidence while teaching leisure activities, home maintenance and safe work habits. Veterans are able to use power tools with safety guards attached in the woodworking shop, to create amazing objects such as bowls, lamps, pens, picture frames, and spice racks. In the leather room, Veterans learn to stain, lace and embellish leather to make stunning belts, bags and white cane holders among other things.

The Vision Skills program is based on a low vision assessment conducted by the rehab center's low vision optometrist. During the appointment, the optometrist works with the Veteran to maximize any remaining

vision by finding low vision aids and devices that will assist the Veteran in reaching goals. Training is then conducted by certified low vision therapists in the use of the prescribed equipment.

Independent travel is affected when a Veteran becomes visually impaired. In order to learn to move safely and efficiently through the environment, the Veteran receives training in orientation and mobility. This includes use of the long white cane and/or a rollator (for Veterans to travel smoothly, using a walker with wheels and brakes) and bus travel for beginning learners. Advanced travelers can learn to use GPS and the ultracane – an electronic mobility aid that emits ultrasonic waves to detect obstacles within the line of travel and provide tactual feedback through the hand to the user via vibrations. For Veterans to be able to go where they want when they want is crucial to independence.

Living skills specialists teach the Veteran how to manage daily needs at home such as cooking and cleaning, using digital talking books, and

braille. They also teach keyboarding for Veterans who might like to take computer classes through the assistive technology program.

The Assistive Technology and iOS Departments are responsible for teaching adaptive computer software that allows the visually impaired Veteran to use a computer, tablet or smart phone independently whether through screen enlarging or the use of speech output.

In the final stages of implementation is found the only "CATs and Dogs" program in the nation. Veterans will be able to come to the GCBRC and take advanced training in a skill area such as Computer Access Training for half a day and spend the other half of the day training to receive a guide dog. The Guide Dog Foundation, home of New York's America's VetDogs program, partnered with the center to provide on-site training to Veterans who wish to become guide dog travelers. They send instructors and dogs for the program free of charge to the Veterans. This is a truly exciting area of instruction that will be unique to the Biloxi program by the end of 2013.

In addition to all the program areas, there are also several other full time staff members on hand including: a social worker, a psychologist, a nurse practitioner and a recreation therapist. Kinesiotherapy is also available for Veterans that want to improve strength and endurance through physical exercise. Veterans' spiritual needs are met by a VA chaplain assigned to the Blind Rehab Center.

Travel to and from the center-private transportation, public airline, or bus is paid for by VA if the Veteran qualifies for travel benefits.



This WW II-era dog tag, found 12 years ago under an olive tree, was recently reunited with its 90-year-old Veteran owner, living in Newark, N.J., thanks to Heather Logan of VA's Eastern Area Fiduciary Hub.



## Lost but not forgotten

While sifting through questions in VA's Inquiry Routing & Information System (IRIS), Heather Logan, a legal instrument examiner, came across an inquiry that would change the life of a World War II Veteran and his family.

Logan, who works at the Eastern Area Fiduciary Hub in Indianapolis, was training a new VA employee when she found an entry about a U.S. military dog tag found in France.

The dog tag was found 12 years ago under an olive tree in a garden near Istres, France. The French woman who found it reached out to a family friend, asking for his assistance. The friend, the son of a French Veteran, submitted an inquiry through IRIS.

Logan first requested a photograph of the found dog tag – hoping to get the service branch or other information that would help

connect the dog tag to its owner; but, unfortunately, dog tags of that era didn't include the names of service branches. "Only service numbers," explained Logan, who had recently done research on her grandfather, also a Veteran.

Based on the service number, Logan was eventually able to use one of the Veterans Benefits Administration's claims systems to find a phone number for the Veteran, which put her into contact with the Veteran's daughter.

Logan said the daughter was "so excited," after she learned that her father's dog tag had been found in France, nearly 70 years earlier. "She's been in tears since I told her."

The dog tag was presented to the Veteran and his daughter at a ceremony in Newark, all because a VA employee went the extra mile to help.

The 90-year-old Veteran still remembers losing the dog tag.

Logan went a step further and contacted the city of Newark, N.J., where the Veteran resides, for additional resources helpful to the Veteran, and reached out to



Logan

a Veterans service representative in the Newark Regional Office to help complete an application for VA compensation and pension benefits.

## Perry Point VAMC Takes Aim at Sports

By Robert Turtill

U.S. Armed Forces seek fit volunteers, people who have spent a good deal of their lives building strength, ability and a sense of self worth through sports, outdoor activities, physical challenges and goals. Injury may hinder physical activity, but it needn't stop Veterans from continuing to participate in loved activities, and gaining the healing and health benefits from exercise. With proper and innovative resources, Veterans with extreme disabilities prove time and again the possibilities of adaptive rehabilitation sports sponsored by VA.

The Perry Point VA Medical Center's website states that the 400-bed facility "is located on a beautiful campus on the banks of the Susquehanna River and the Chesapeake Bay where patients can enjoy a variety of recreational activities, including fishing, swimming, bicycling and jogging."

It is an accurate description, though just touching on the gemlike nature of this waterfront property with miles of paved jogging sidewalks, park benches and tables, and acres of grassland. Walk out of any of the 1940s buildings and one instinctively breathes deep, tasting the brisk, brackish bay air, and searching the distant horizon beyond water and trees, past soaring gulls, geese and ducks.

Joshua Smith interned at VA as a student before joining full-time in 2008 as a recreational therapist.



Joshua Smith works with Veteran Venture Catala has participated at the Wheelchair Games since 1998. In 2013, he added three more medals in air guns, archery and field sports to his growing list of more than 90 medals.

He's an avid outdoorsman and knows well the desire many Veterans have to seek outdoor horizons. The following year, he led a local team to the 2009 Summer Sports Clinic in San Diego, where he first got a taste of national competitive rehabilitative sports.

Soon after, Smith attended a national training program and grant writing workshop, associated with the U.S. Paralympics and sponsored by VA Rehabilitative Sports. The program was designed to help medical centers visualize and fund rehabilitative and adaptive sports programs and to encourage facilities to start or strengthen their own therapy programs, with sights set on national participation, as well as competition.

Smith visited adaptive sports training sites in Colorado and Cali-

fornia. He returned to Perry Point feeling that the West Coast was much more advanced in supporting adaptive sports. "I kept asking, why don't we have these sports at Perry Point, and where can anyone train on the East Coast?"

It was clear that cycling, kayaking and watersports, air guns and archery would be good fits for Perry Point.

However, inpatient Veterans showed the most interest in air guns, which Smith suggests is due to the camaraderie Veterans find on the firing line.

Before the \$5,000 VA grant came through for a regulation range at Perry Point, the shooting facility consisted of a tin box, fashioned at the wood shop on campus, and one air rifle.

**See Perry Point on Page 31**

# NO PULSE, NO PROBLEM



Dr. Gundars Katlaps surgically implants a ventricular assist device on a patient experiencing heart failure.

By Steve Wilkins

Two months ago, Edward Jacobson, an electrician living in the Boston area, received a gift that he never saw coming – life. “The (local) hospitals kept sending him home, saying they couldn’t do anything else for him,” said Jacobson’s wife, Darlene.

Jacobson’s heart was failing. The couple couldn’t afford and didn’t have insurance that covered the advanced procedures necessary to keep his heart going, and the procedures weren’t covered adequately by Medicare.

“They kept taking fluid out of him and sending him home [to die],” wife Darlene shared in Jacobson’s bleak story. That was his story until he spoke to doctors at the Boston VAMC. “They were the first to talk to him about the LVAD,” she said.

The VA doctors were able to assess Jacobson’s condition and determine a way forward. They worked with staff at Richmond VAMC to make arrangements for him to receive a left ventricular assist device (LVAD) there.

A ventricular assist device (VAD) is a mechanical pump that pushes blood from the lower heart chambers to the rest of the body. VADs can be placed through open heart surgery in the left, right or both chambers (known as ventricles). Many patients receive VADs while waiting for heart transplants.

Jacobson traveled from Boston to Richmond for his LVAD placement, because Richmond is VA’s only in-house heart transplant center. In fact, “there are a couple dozen places that perform the procedure along the East Coast,” according to Dr. Gundars Katlaps, the

cardiothoracic surgeon who leads the Richmond center. Katlaps said the center performed its first transplant in 1980, and has done transplants every year since; 10 transplants were accomplished there in 2012.

The success of Richmond’s LVAD patient survival rate exceeds any published national averages. Since 2008, Katlaps has performed more than 50 procedures using the most recent generation of continuous-flow LVADs. He points to patient survival rates in the first three years that rival or better anything published nationally, thus far.

The ventricular assist device coordinator, Lisa Martin, said everyone in the patient’s life is involved in the placement of the device. “They learn the alarms (for instance, the presence of a pulse means danger; when the device is running properly, the flow is smooth and there is no detectable pulse), how to manage each piece of equipment, and how to care for the driveline site.” Martin suggests that patients introduce themselves to local paramedics, so they know who they are and where they live.

The timing of Jacobson’s procedure was an advantage, too. In November 2012, the FDA approved the use of a new LVAD design. The new device is expected to reduce risk during surgery and enable quicker healing, because it is smaller and fits right onto the heart, instead of requiring doctors to make an extra space in an adjoining part of the body. The materials and design reduce friction and wear, so recipients can expect the devices to last longer.

The device, used at Richmond,

as well as most places around the world in the past five years, has a high success rate. “We are in contact with a patient who travels the country and sends us mail to let us know where he is and how he is doing,” stated Katlaps, who mentioned other patients are able to ride bikes and motorcycles, and drive cars. “They go fishing and hunting,” he added. “Most of them experience better quality of life than they have had in decades.”

Martin recounted the experience of a 30-something OEF/OIF Marine Veteran who, while attending college just months after discharge, was diagnosed with

bedside.

Katlaps has been at Richmond VAMC for eight years and holds a dual appointment with Virginia Commonwealth University. He said he couldn’t imagine anything that would give him better job satisfaction.

“Although most of our work directly helps only one person at a time, the impact is dramatic and the positive feedback is immediate,” Katlaps said. “Indirectly, [the] lives of the family members, friends and communities are affected. I feel very privileged that I have been given the opportunity and skills to serve my patients.

“They learn the alarms; for instance, the presence of a pulse means danger. When the device is running properly the flow is smooth, and there is no detectable pulse.”

—Lisa Martin

an enlarged heart. The situation was serious enough that within months he found himself with an LVAD and, shortly thereafter, gained a wife and son.

The Veteran reveled in the joys of family and fatherhood for nearly three years before dying following complication after transplant surgery. Without the device, he might never have experienced those joys.

It seems that Jacobson, who was bedridden for more than a year prior to the surgery, can expect to do well, too. “Already, he is walking a little and running short errands,” his wife said.

“I feel good,” he told her. The couple is looking forward to celebrating their next anniversary, especially since the one they just celebrated, their 29th, was at his

Every day.”

The cardiothoracic surgeon performed a second surgery with the new technology in early July and said the patient is walking, off his ventilator after just three days.

He added that the procedure and device are significant improvements over other medically-based alternatives. Although it is hard to track expenses, and tougher still to place a value on life, VA officials have stated publicly that they want to expand the availability of transplant centers across the country, because the procedures, when performed in-house, seem to indicate significant cost savings.

Darlene Jacobson is glad there was at least one when she needed it. “Because of VA, her husband, Edward, is alive today.”

# VA's PACT to end Veteran Homelessness

By Tom Cramer

Melinda Lindsay was discharged from the Army in 1984, then spent the next 25 years on drugs, on alcohol and on the street.

"I went to the party and just stayed there," she explained. "I was on alcohol and crack for a lot of years. I was using every day, all day."

Things are a little different for Lindsay now. She's taking some college courses and living at the Veterans Domiciliary at Wade Park, in Cleveland, Ohio — a place where homeless Veterans can come to heal themselves and rebuild their lives.

## Free at Last

"I'll have four years clean next month," Lindsay said proudly. "My mind is free now. I just need to stay focused. First and foremost, I need to stay clean and sober."

In addition to drugs and alcohol, there's one more thing Lindsay knows she needs to stay away from, at least for the time being. "I need to stay out of relationships," she said, with conviction. "Relationships are always a red flag for me, at least right now."

The Wade Park Domiciliary is a unique partnership between the Cleveland VA Medical Center and Volunteers of America of Greater Ohio, a marriage that may be the first of its kind in the entire country. Operating since 2011, it serves as a classic example of VA's continuing efforts to partner with local nonprofits, businesses and community service organizations to help the nation's homeless

Veterans.

## A Safe Place

"We have 122 beds here, total," said Patricia James-Stewart, who runs the VA side of the domiciliary. "Fifteen of those beds are for the women. We keep our women Veterans on their own floor, separate from the men. One of our main goals is to simply keep them safe."

Stewart said new arrivals at Wade Park are given a full psychosocial assessment by their VA case manager. Based on that assessment, a treatment plan is developed that might include an addiction treatment program, cognitive therapy, daily Alcoholics Anonymous meetings, and a host of other activities designed to ensure a successful recovery.

"We'll do whatever it takes to get you clean, sober and thinking straight," Stewart said. "We want you to get well. We want you to find employment. We want you to have a place of your own. We want you to have normal life."

## Putting the Pieces Together

Each Veteran arriving at the domiciliary is assigned two case managers — one from VA, one from Volunteers of America.

"The VA takes care of the clinical side of the house, while we handle the logistics of running the place," explained Sonya Thompkins, the Volunteers of America program director at Wade Park. "We take care of the living arrangements, food service, laundry, safety and security, and recreational services like art therapy."

More importantly, Volunteers of America provides vital sup-

portive services like helping Wade Park residents find safe, affordable, long-term housing once they leave the domiciliary.

"We try to make sure all the little pieces come together for them," Thompkins said. "We'll help them get furniture for their apartment, or get their utilities turned on. We'll help them with anything they need to get their life together, like getting a state I.D., a Social Security card, or a driver's license."

"We'll help them with enrolling in vocational training," she continued, "or going back to school, or getting a job. We'll help them put a resume together. We'll help them with basic life skills like money management or relationships — whatever it is they need."

## Getting Strong

But none of that can happen until the Veteran is strong enough — psychologically and emotionally — to leave the safe, orderly world of the domiciliary and re-enter the real world. But accomplishing that, according to Patricia James-Stewart, usually means getting an addiction problem or mental health issue under control.

And that's where an assortment of VA mental health and substance abuse specialists enter the picture.

"A lot of the women who come here have issues centering around self-esteem," Stewart observed. "Like Melinda Lindsay, they all have a history of drug or alcohol abuse. And, like Melinda, many of them are dealing with military sexual trauma, post-traumatic stress disorder and depression."



Melinda Lindsay, a resident of the Veterans Domiciliary at Wade Park, in Cleveland, Ohio, works on her resume with a little help from Domiciliary Chief Patricia James-Stewart. Photo by Barbara Breen, Cleveland Veterans Affairs Medical Center

"Their low self-esteem keeps them from accomplishing what they want to do," she added. "There's a lot of shame, a lot of insecurities. All these things get in their way."

Lindsay agreed. "I always felt like I was never worthy of anything good," she said. "But now, I know I am."

## The Long, Hard Road

Stewart said the average length of a stay at Wade Park is about six months. But, there's no

set time limit, because each woman arrives with her own unique set of needs and challenges.

"Melinda went through the program several times before she made it," Stewart said. "It's been a long, hard road for her, but she kept coming back. She never gave up. That's why there's no limit on how many times you can come here. Because you never know when someone's going to finally 'get it.'"

One of Wade Park's many

success stories, Melinda Lindsay is currently taking classes at a local community college, where she is studying to become a chemical dependency counselor.

"I'm exactly where I'm supposed to be in life," she said, "and now, I want to help other women as much as I can. I feel like I have something to offer them. I think I can offer them hope, because, if I can make it, they can make it too."

To learn more, visit [www.va.gov/homeless](http://www.va.gov/homeless)

# Emergency Phone Call From VA Doc Saves Veteran's Life



By Tom Cramer

Larry Kerr, a 65-year-old Air Force Veteran, was sound asleep while his phone was ringing off the hook. It was the most important call of his life, and he was missing it.

Was it the Publishers Clearing House people calling with some good news? Was it the IRS calling to tell him he had a big refund coming? Sadly, no.

It was VA, calling to warn the Syracuse, Utah, resident that he was in imminent danger of dying.

## A Routine Visit to the Doctor

"I saw Mr. Kerr on June 5 in my clinic here at the Salt Lake City VA," explained Dr. Alexis Harrison. "He came in for a routine visit. I already knew he had a heart condition, but then he told me about some new symptoms. He told me he often felt like his heart was racing."

"I'd also been feeling out of breath," Kerr said, "and I was tired all the time. So I went to the VA to get it checked out."

"We ran a few tests, including an echocardiogram," Harrison said. "His echocardiogram at baseline isn't normal because of his heart condition, but I didn't notice any new changes. Still, I wanted to

make sure, so I sent him home with a Holter monitor."

A Holter monitor is a device that records a person's heart rhythm. If anything abnormal is going on, the monitor sends out an alert, and the doctor is notified.

"You wear it for 48 hours," Harrison said. "Mr. Kerr was experiencing heart palpitations on a regular basis, so I was fairly sure we'd record some information that would be useful."

## Getting Straight

"I've been to a lot of doctors, and Alexis was the only one who thought about a Holter monitor," Kerr said. "She wanted to find out what was going on. She told me, 'We're gonna get you straight.'"

The monitor did its job. Within a couple of days, it alerted VA doctors that Kerr had a fast and irregular heart rhythm that had the potential to kill him suddenly.

"Mr. Kerr had developed fast and recurrent ventricular tachycardia," explained Dr. Jose Nativi-Nicolau, a heart failure specialist at the Salt Lake City VAMC. "People with this condition, combined with a history of heart disease, are at risk from what we call Sudden Cardiac Death. I knew we needed

to get in touch with him quickly."

"The VA started calling me, frantically," Kerr said. "But they couldn't reach me. It was about 10:30 in the morning, and I was still sleeping. The morning is when I get my deepest sleep. I have insomnia, so I usually sleep until about noon. But then they started calling my cellphone."

## Half Asleep

"I called his home phone, and he wasn't answering," Nativi-Nicolau said. "I wasn't going to just leave a message; the situation was too urgent. I needed to talk with someone. So I called his cellphone, and he finally picked up."

Kerr said he was still a bit too groggy to grasp what was happening. "I was still half asleep," he said, "but I could hear the doctor saying, 'Mr. Kerr, get to the emergency room right now.'"

"First, I asked Mr. Kerr how he was feeling," Nativi-Nicolau said. "He told me he was still having heart palpitations. I told him his Holter monitor was telling us he had a dangerous heart condition that needed to be addressed immediately. I told him he needed to get to the closest ER right now."

"He was a little confused and



Dr. Alexis Harrison and her patient, Air Force veteran Larry Kerr. Photo by Al Yardley, Utah Department of Veterans and Military Affairs

anxious," the doctor continued. "He said, 'Do I have to go right now?' He didn't seem sure about what to do.

"So I told him I was calling 911. I told him to get ready, that an ambulance would be in front of his house in five or 10 minutes."

The good doctor wasn't exaggerating. Within a few short minutes, local police, fire and emergency medical service personnel were at Kerr's door.

"I was still in my plaid pajamas," Kerr said. "I didn't even get a chance to comb my hair or put my glasses on."

## Smelling the Roses

The Air Force veteran was promptly rushed to the nearest hospital. He was stabilized and

then transferred to the Salt Lake City VAMC where doctors performed a life-saving operation.

"I'm grateful to all the people at the VA who helped me," Kerr said. "And there was a ton of them, from the lady who drew my blood to the doctor who put the defibrillator and pacemaker in my chest. They're all responsible for giving me back my life. They saved me.

"I could have died that morning," he added. "I suppose dying in your sleep isn't a bad way to go. There would have been no pain, no nothing. But it would have been painful for my family."

Upon further reflection, Kerr concluded that having a heart beat is still a whole lot better than the alternative. "I still get to work on my rose bushes, and my flow-

ers," he said happily. "I'm watering them this morning, because it's been so hot. And I still get to be with my wife, my children, and my '68 Mustang...."

"I guess every day you don't wake up dead is a good day," he observed.

"This story has a happy ending because a lot of different people did their jobs," said Nativi-Nicolau, the VA doctor who made those persistent phone calls to Kerr's home.

"The ambulance crew, the staff at the local hospital, our people here at the VA.....we all worked as a team.

"I'm glad we were able to help Mr. Kerr," he added. "That's what we want. We want him to enjoy his life."

# TELEMENTAL HEALTH

## COUNSELING OFFERS VETERANS WITH PTSD A LIFELINE

By Susan Wentzell

"When your doctor can come into your living room, it makes all the difference in the world," said 35-year-old Lisa Rodriguez, who suffers from post-traumatic stress disorder. "It's so much less stress. And when you have PTSD, the last thing you needed is added stress."

Rodriguez is one of a growing number of Veterans who receive psychiatric services virtually, either at a nearby VA clinic or right in their homes, connecting via high-speed Internet and a webcam with a counselor located miles away at a VA Medical Center or directly from their homes while teleworking. For Rodriguez, who received telemental health counseling in her Valdosta, Ga., home for about eight months, the situation was ideal.

"I didn't have to travel 45 minutes away to the Lake City VA Hospital to see my counselor, and I didn't have to arrange for someone to watch my daughter.

"Most importantly, at home, I'm in my comfort zone. I am more myself talking to my doctor here versus in a sterile office. I tell her about my dogs, and she can see them; she even met my daughter. She sees me in my environment and it helps me know she under-

stands," she said.

Trust is paramount when discussing the painful memories of her time overseas. It was March 2008, and the International "Green Zone" in central Baghdad was under almost daily rocket and mortar attacks by insurgents. For the former U.S. Air Force technical sergeant, safety seemed illusive.

"The day I arrived in Baghdad, I lay down to take a nap and woke up to a bombing. From then on, it was a regular occurrence. You couldn't get a good night's sleep because you didn't know if you would sleep through the alarm; or maybe it wouldn't sound and you would miss an incoming (attack)," Rodriguez said. "We lost people, including someone I was very close to."

Stationed back in the U.S. after her 6-month tour of duty in Iraq, the unseen scars of the battlefield continued to haunt her for the next several years, until she left the Air Force in 2010 and returned to Washington state. First treated for PTSD at the Walla Walla VA Medical Center in July 2011, she said her life then changed for the better.

"It wasn't until I started going to the VA that it was determined I had PTSD. I was actually listened

to, and it was a turning point for me," she said. Following a former love, a subsequent move brought her to Valdosta and treatment managed at the Lake City VA Medical Center.

"Because of the therapy I received from the VA, I am a completely different person today. In fact, I'm studying for my master's degree in counseling and hoping to work for the VA. Maybe I'll be able to help someone just like me someday," she said.

Dr. Karen Courchaine is a telemental health psychologist and member of the PTSD Clinical Team at Lake City VAMC, part of the North Florida/South Georgia Veterans Health System. She said telemental health counseling is ideal for Veterans who live in isolated geographic areas far from a VA clinic, those who have transportation concerns, and those with physical or psychiatric limitations that make it difficult to attend psychotherapy on a regular basis.

Providing home-based services as an option provides the additional flexibility to schedule appointment times, with the least possible disruption to a Veteran's work and other activities.

"John" is a 56-year-old Army



Rodriguez

## Technology Increases Care, Access For Veterans

By Susan Wentzell

Telemental health in VA is a relatively new source of support for Veterans, helping them manage their care, no matter where they happen to be.

With a large rural Veteran population, the North Florida/South Georgia Veterans Health System (NF-SGVHS) is one of the busiest in the country to offer telemental health services.

In 2013, there were almost 700 clinical video telehealth encounters by Veterans receiving PTSD psychiatric care virtually from counselors located at the Lake City or Gainesville VAMCs. About 16 percent of these were conducted in Veterans' homes; the rest were done at outpatient clinics. For their initial interview, all Veterans were seen in person at a VAMC.

Telehealth in the NF/SGVHS PTSD clinical team began about



Courchaine

two years ago as a collaboration with the traumatic brain injury clinic and a Rural Health Initiative grant that enabled Veterans suffering with TBI to receive rehabilitation services in their homes.

"Because so many TBI patients also had PTSD, it was a natural extension for the patient care technicians to provide special PTSD care to Veterans in this manner," explained Mark Moser, a licensed clinical social worker.

"As it became clearer that our centrally located clinics prevented access to care for Veterans in rural locations in our large geographical catchment area, we adopted videoconferencing capability

between Lake City and our most remote clinics."

Today, NF-SGVHS provides virtual PTSD treatment at the Valdosta, Palatka, Waycross, Ocala, Lecanto and Marianna clinics. Providing home-based services as another option allows for increased flexibility in terms of scheduling and the Veteran's preference for appointment time, among other factors, according to Moser.

To further accommodate working Veterans, VA clinical staff sometimes telework, conducting these virtual sessions directly from their homes which allows them to extend appointment times past daytime hours.

### From Page 16

National Guard Veteran who receives psychiatric services for his PTSD virtually at the satellite VA clinic near his Valdosta home. His counselor "sees" him from her office at Lake City VAMC.

His counseling appointments don't require him to take time off work, and being so close to home greatly reduces the stress of the

long drive to the medical center, something that still terrifies him.

"In Iraq, I saw friends blown up. I had to pick up body parts. I didn't want to talk to no one about it, not even my family. Driving frightened me. If we ran over some trash or a car backfired, I would get scared. I still sit in restaurants with my back against the wall.

"The therapy is helping me

a lot. I feel like I'm sitting in my doctor's office and talking to her. It gives me the peace to open up.

"I found that the more I did it, the more relaxed I became and more open I was to talking. I'm getting out more often now, and I'm more active with my family. I no longer think about harming myself," he said.



Gaudet

## Pioneering Patient Centered Care

By Tom Cramer

Dr. Tracy Gaudet, director of VA's Office of Patient Centered Care and Cultural Transformation, was awarded the 2013 Bravewell Leadership Award in November in recognition of her career-long efforts to transform health care delivery in the United States from its conventional, disease-centered approach to one that is more proactive and patient-centered.

It's a task she's been quietly hammering away at for 20 years or so, the last two of which she's spent with the Department of Veterans Affairs.

"VA's vision and commitment to cultural transformation comes at a pivotal moment for health care in this country," Gaudet noted. "The 21st century VA will be a health care system that has the Veteran at the center, and begins with their vision of health and their goals."

Along with the recognition as a leader in healthcare transformation, Gaudet will receive a \$100,000 grant to assist her with carrying out her mission of transforming the culture of health care.

"I feel like this is a job I was born to do," she said. "Here at VA we're linking the Veteran's personalized health plan to what matters to them in their lives."

"Our goal is to support them in acquiring the skills and resources they need to succeed in making sustainable changes in their health, and their life."

Gaudet's office has partnered with nine VA Centers of Innovation which fuel a national innovation engine for the country.

Additionally, her office has supported local transformational efforts through more than

\$34 million in VA innovation grant funding for the advancement of patient centered strategies in fiscal year 2013.

"These grants have been provided in each of our 21 Veterans Integrated Service Networks and to 85 facilities, providing the support they need to build groundbreaking programs," Gaudet said.

"It's our people in the field who do the real work, who will really bring this cultural transformation to life," she added. "That's where the innovation really happens."

Christy Mack, co-founder and president of The Bravewell Collaborative, said her philanthropic organization chose to honor Gaudet because, like previous Bravewell award recipients, she has a compelling vision for the future of medicine that inspires and encourages others.

In addition, Gaudet has shown the commitment to implement that vision.

"Any successful transformation requires champions who are willing to undertake the risks and sacrifices necessary to catalyze the change," Mack said.

"Tracy Gaudet is one such champion. She's a catalyst in advancing the field of integrative medicine. She's a resilient change agent, and she's a role model in her community."

Gaudet describes herself as a 'people person' who, while still an undergraduate in her early 20s, almost decided not to go into medicine.

"The pre-med students at Duke were so aggressive and competitive," she said. "It was a big

turn-off. It just wasn't me. So I decided the M.D. route was probably not such a good idea for me."

Then, something happened to change her mind.

"I was playing football with some of the guys at their fraternity," she said.

"We were just horsing around, throwing the football back and forth. But then it got a little rough, and somehow I got my middle

medical crisis," she observed.

"At that moment, I said to myself: this is what I want to do. I don't want to just practice medicine and be a competent technician.

"I want to offer all of who I am to people at those times in their life when they may be filled with uncertainty and fear. I want to partner with them, give them not only expertise, but the heart of

**"The VA is committed to designing and delivering the future of health care today – health care that addresses the whole person and optimizes health, healing, and well-being."**

—Dr. Tracy Gaudet

finger jammed really hard. It hurt. It swelled up and quickly turned colors."

'Jammed' is probably not the correct medical term. X-rays taken at the student health clinic confirmed that the bone in her finger was broken all the way through.

"I was just a kid," Gaudet said. "I was away from home, and in pain. They sent me to an orthopedic surgeon who happened to be personable and funny. That made such a big difference for me. He made me laugh, put me at ease. He had this ability to connect heart-to-heart."

"If the humanness of this doctor had such a big impact on me with only a broken finger, imagine what a difference this could make to someone who is facing a major

human connection.

"I decided that becoming a doctor might be the right path for me after all. I knew I had the ability to connect with people, and I knew I wanted to make a difference in peoples' lives."

Gaudet speaks nationally through both public and professional venues, ranging from The Institutes of Medicine to The Oprah Show.

She has been featured in numerous national media, including the PBS nationally acclaimed special entitled, "The New Medicine," and was named by Shape magazine as one of the 11 women who shape the world.

In July 2011, Gaudet was recognized as one of the "Top 25 Women in Healthcare 2011."

# Post- 9/11 GI Bill reaches one million mark

By Reynaldo Leal

For more than four years the Post-9/11 GI Bill has given a new generation of Veterans the opportunity to pursue their education and stay competitive in today's job market.

As a new student Veteran, Steven Ferraro understands the importance of having that chance and using it to better the lives of his family.

After 10 years of service in the U.S. Army, Ferraro decided it was time to finish his degree. The OIF Veteran sat down with his wife, Roxanna, and weighed the family's options.

Leaving the Army to go back to school would be challenging, but Ferraro was convinced it was the right choice.

"Our biggest question was whether or not we could afford it," he said. "We went over the kinds of benefits the GI Bill offered, did the math and made the decision to go for it. It can obviously always be more, but the benefits are a definite helping hand."

With his family's backing, Ferraro started making plans to end his military career and begin his new life as a student. The former Army Drill Sergeant had no idea, however, that he would become the one-millionth Post-9/11 GI Bill beneficiary when he applied at Middlesex County Community College earlier this year.



Ferraro

*"If I'm going to ask my children to do well and get an education, then they need to see their father doing it too. I'm a big believer of doing as I do and not just as I say."*

– Steven Ferraro

"I think it's an honor," he said on being the face of VA's successful implementation of the Post-9/11 GI Bill.

"It's not going to change much for me personally, but I do get that more people will be looking at me and what I do as a student. I can't be a Cs and Ds student, that's for sure."

The added attention, however, isn't fazing Ferraro too much. The 30-year-old father of three said he already holds himself to a higher standard, and the pressure he puts on himself to turn in assignments on time and get good grades is enough.

"The discipline instilled in me by the military always makes me want to lead from the front," he said.

"If I'm going to ask my children to do well and get an education, then they need to see their father doing it too. I'm a big believer of doing as I do and not just as I say."

Ferraro does have advice for service members who are about going back to school.

"If you know what you want out of college, and you're comfortable with the cost of going back to

school, then go for it," he said. "It's not always an easy choice, but if you're proactive with getting your benefits and you listen to your VA rep., then you can go back to school too."

VA's Assistant Secretary for Public and Intergovernmental Affairs Dr. Tommy Sowers, also a beneficiary of the Post-9/11 GI Bill, knows the value of education extends beyond a degree.

"The Post-9/11 GI Bill fundamentally alters lives for the better," he said, "it's as simple as that. Much like other programs that VA offers – such as home loans and health care – it strengthens Veterans in their ability to find work, raise a family and contribute back to society."

While popularity of the benefit is high, Sowers wants Veterans to finish their mission and complete their programs.

"It's something that Secretary Shinseki speaks to quite a bit," he said.

"It's incumbent on those of us who are using the GI Bill to use it properly, and appropriately, to get the most out of this incredible benefit, and prove its worth."



Georgie Carter-Krell

## The Nation's Highest Honor



Forty-four years after making the ultimate sacrifice to protect fellow Marines while fighting the North Vietnamese, U.S. Marine Pfc. Bruce Carter – a Medal of Honor recipient – was recognized during a formal military ceremony on Dec. 5 at the VA Medical Center bearing his name in Miami, as a tribute to his bravery and selfless sacrifice.

U.S. Marine Gen. John Kelly, commander of U.S. Southern Command, presented Carter's

mother, Georgie Carter-Krell, with the Medal of Honor Flag on behalf of the President of the United States, the Secretary of the Navy and a grateful nation. During the ceremony, Carter-Krell presented the Medal of Honor Flag to associate director Mark Morgan, of the Miami VA Hospital, where she has volunteered to support Veterans for more than two decades, carrying on her family's legacy of service.

Her son, Bruce, served as a radio operator with H Company,

2nd Battalion, 3rd Marine Division. On August 7, 1969, while in combat north of Vandgrift Base in Quang Tri Province in Vietnam, Carter threw himself on an enemy grenade, giving his life in service so that his fellow Marines could survive.

The Medal of Honor, the nation's highest military award, has been awarded to 3,467 service members since its inception in 1862. Fewer than 100 are still living. Pfc. Carter was the only Medal of Honor recipient from South Florida during the Vietnam War.

He was posthumously awarded the Medal of Honor in 1971.

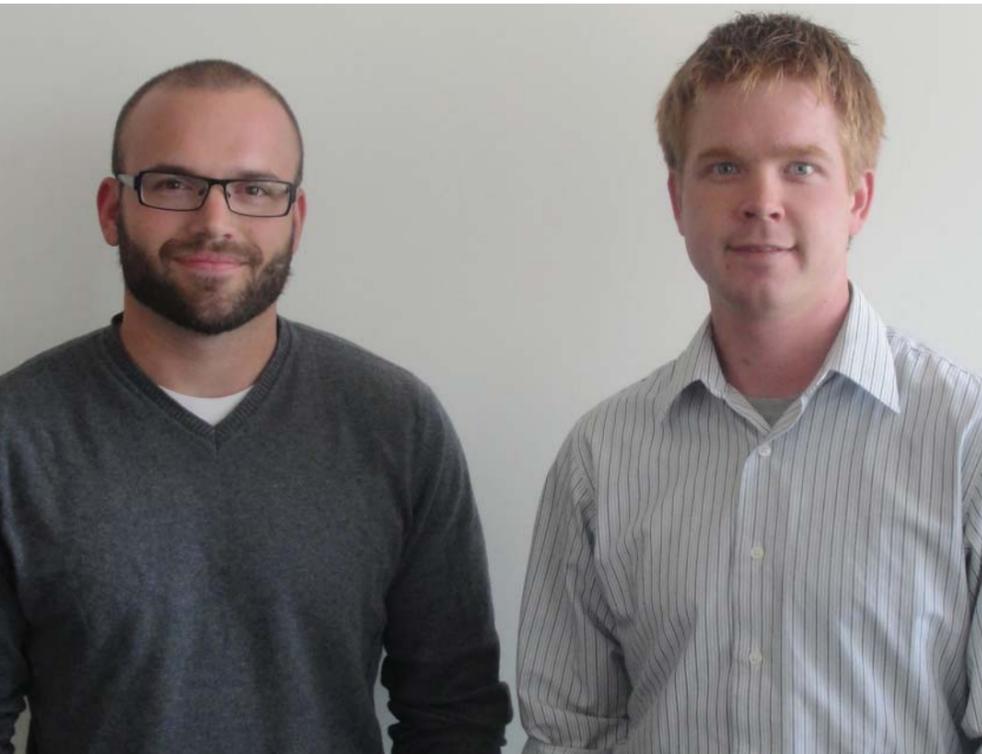
## From Eyesore to art, Gulf Coast Veterans honored

Rather than uprooting and removing the remains of a lifeless tree located in front of the Community Living Center at the VA Gulf Coast Veterans Health Care System's medical center, employee Forest Stevens suggested having it carved into art. Florida Artist Marlin Miller used the remains of the oak tree that was struck by lightning to carve two eagles.

"It's an honor to be able to work on a project like this that will be enjoyed by our country's Veterans for years to come," said Miller, who has carved numerous trees since Hurricane Katrina ravaged the coast in 2005.



## VBA Completes 1 Millionth Claim to close out FY2013



In August, the St. Paul VA Regional Office rated the 1-millionth Veteran Case completed by the Veterans Benefits Administration in fiscal year 2013.

Veterans Service Representative Jay Hovland (pictured on the right) generated the award and Veterans Service Representative Jacob Shepard (left) authorized the claim. VBA is aggressively addressing the backlog issue through a comprehensive plan that is making quantifiable progress and has begun finding ways to speed the delivery of benefits.

This exceptional effort is allowing more than 100,000 Veterans each month to receive decisions on their claims. In all, VA reduced its backlog of claims by about 34 percent in 2013.

## TAVI Procedure Offered at Malcom Randall VA

By Heather Frebe

The Malcom Randall VA Medical Center in Gainesville, Fla., is one of 250 hospitals in the nation -- the first approved VA medical center -- to offer the Transcatheter Aortic Valve Implantation (TAVI) procedure. The VAMC, part of the North Florida/South Georgia Veterans Health System, performed their first TAVI procedure in September 2013.

The TAVI procedure eliminates the need for open heart surgery to replace the aortic valve via a minimally invasive approach. During the procedure, the aortic valve is implanted through a catheter that has been inserted in the femoral artery located in the leg and travels to the heart where a balloon is inflated in the aorta.

"This procedure allows patients with aortic stenosis who are not candidates for surgery due to advanced age or multiple health problems such as a prior stroke, congestive heart failure or diabetes, to undergo valve replacement



Clinical staff at the Malcom Randall VA Medical Center in Gainesville, Fla., simulate performing the new Transcatheter Aortic Valve Implantation (TAVI) procedure during a training session in the operating room. During the simulation training, staff set up equipment and go through the motions of the TAVI procedure in order to identify areas for improvement. Malcom Randall is the first VA hospital to offer TAVI, a minimally invasive procedure that eliminates the need for open heart surgery. VA photo by Catherine Florio

to improve heart functions," said Chief of Cardiology Dr. Carsten Schmalfluss.

Malcom Randall was able to meet the criteria to offer TAVI, because it has one of VA's highest

volume catheterization laboratories. Located at the facility is a hybrid operating room that provides a surgical setting with the diagnostic imaging technology needed for TAVI.

## Clancy Named American Academy of Nursing Honorary Fellow



Dr. Carolyn Clancy, assistant deputy under secretary for Health for Quality, Safety and Value, was honored on Oct. 19, as an Honorary Fellow of the American Academy of Nursing.

As a health care leader, Clancy has been a true game changer with substantive impact on the nation's health. Prior to her appointment in VHA, she was with the Agency for Healthcare Research and Quality executing a vision for health care quality and patient safety that resonates from local to national levels.

Her leadership for the comparative effectiveness agenda expanded the evidence-based practice agenda beyond pills and procedures to include the processes of care.

Clancy's commitment to care quality and patient safety has always included nursing science as a foundation. She also directed the groundbreaking Congressionally-mandated annual report on health care quality in America. Through this report, Dr. Clancy's vision has resulted in positive and meaningful change.

## HOMELESS CENTER DIRECTOR RECEIVES CHASE AWARD

Vincent Kane, director of VHA's National Center on Homelessness Among Veterans, is the recipient of the 2013 John D. Chase Award for Executive Excellence.

The award was presented at the 118th Annual AMSUS Conference in Seattle, held in early November.

"Mr. Kane has made a tremendous difference in the lives of many veterans in need of housing and support services," said Deputy Under Secretary for Health for Policy & Services, Dr. Madhulika Agarwal, who supported Kane's nomination. "I do not believe that any candidate for the 2013 John D. Chase Award for Executive Excellence can be more deserving."

Through research, evaluation

and model development efforts, Kane supports a comprehensive set of initiatives designed to prevent and end homelessness among veterans. He oversees a variety of programs and initiatives, including the Supportive Services for Veteran Families Program.

"I was honored to accept the award on behalf of our homeless team," Kane said. "I work with a great team that accomplishes amazing things for our veterans every day. It is an honor to be a part of such a committed group."

A graduate of Bryn Mawr School of Social Work and Social Research, Kane has been with the Department of Veteran Affairs since 1999 and has more than 20 years of experience as a clinician,

educator, and administrator. He is the former executive officer for VHA's Office of Mental Health and for the Mental Illness Research, Education and Clinical Centers within VISN 4. He also served as network coordinator of the VISN Mental Health and Homeless Programs and has been a principal investigator on numerous national research projects.

The award is named after Dr. John D. Chase, who was the chief medical director of the Veterans Administration from 1974 to 1978.



Kane

## National VA Caregiver Support Line Surpasses 100,000 calls

The National VA Caregiver Support Line reached a milestone recently, having received more than 100,000 calls from family caregivers, Veterans and others since opening Feb. 1, 2011.

In the past year, call volume has increased by more than 25 percent.

The Support Line team provides information, supportive counseling, resource information, and referrals to local VA medical center caregiver support coordinators for Veterans and caregivers of all eras. Calls are answered by licensed social workers who have extensive knowledge of VA supportive services and programs.

Callers report hearing about the Support Line from the Na-

tional Caregiver Support website, www.caregiver.va.gov, other VA web sources, and VA publications.

The top reasons for calls include how to access VA in-home services, questions about general VA services, caregiver education and training, navigating the VA system, respite care and VA benefits. More than two-thirds of the calls are from family caregivers of Veterans from all eras.

Many calls are also received from family caregivers inquiring about the additional services and programs available in VA's Program of Comprehensive Assistance for Family Caregivers of eligible Veterans seriously injured on or after Sept. 11, 2001.

The Caregiver Support Line

team works closely with caregiver support coordinators located at each VA medical center and ensures callers receive follow-up care and support as appropriate.

The Support Line also offers a monthly national education call to family caregivers of enrolled Veterans and a Caregiver Enhanced Support Program for caregivers who require additional assistance.

A recent participant of the Caregiver Enhanced Support Program stated, "It's just a marvelous program. It helped me through an extremely rough patch in my life. I can't say enough. I hope it continues for a long time."

The VA Caregiver Support Line is available to caregivers during their most vulnerable times.

## Former Veteran patient coaches his team forward at Golden Age Games

When U.S. Air Force Veteran Darren Yowell was admitted to the Center for Addictions Treatment (CAT-5) Program at the Martinsburg (W.Va.) Veterans Affairs Medical Center in 2010, he never imagined he would be named Coach of the Year at the 2013 National Veterans Golden Age Games.

"I would not be alive if it wasn't for the program at the Martinsburg VA," Yowell said. "I was hired while still a patient in the program and wanted to use my skills to help Veterans improve their health."

Born in Fauquier County, Va., Yowell began his nine-month road to recovery from addiction when he was admitted to the medical

center's CAT-5 program, a residential inpatient/outpatient program for Veterans with alcohol and substance abuse issues.

Because of his background in fitness and sports recreation, he was hired as a recreation assistant in January 2011, while still a patient in the program. He said his role as coach for the Golden Age Games participants was fulfilling because it was a great way to give back.

"I owe it to them," Darren said. "I want Veterans to understand that recreation is very important in the recovery process, especially as Veterans age."

Yowell and his team of Veterans returned to Martinsburg

victorious from the Games June 5 with 12 event medals and two of the Games' highest awards: Coach of the Year and the George Gangi Inspiration Award won by Robert "Sparky" Sparkes.

Now in its 27th year, the VA Golden Age Games have grown into the largest sports and recreation competition in the world for Veterans.

All participants receive their health care at one of the many VA medical facilities located across the nation and are 55 years of age and older.

Veterans from the Martinsburg VAMC have participated in the Games for more than 10 years.

## Martinsburg Employee Receives 2013 Alan K. Mattson Award

Chris Campbell, an Information Security Officer with the Data Center Support Division in Martinsburg, W.Va., received the 2013 Alan K. Mattson award for his commitment to customer service in every area of IT.

"His expertise as a security professional and his customer service skills make a difference to the mission of our organization – Chris



Campbell

sets an example of what we hope our workforce will strive toward each day," said Director Randy Led-

some.

Campbell joined VA in 2008 as a facility ISO after spending several years as an information assurance officer for the U.S. Army Medical Research and Materiel Command in Fort Detrick, Md. In 2010, Campbell accepted his current position and is now part of a team of seasoned security professionals who support the National Data Center Program, an initiative to improve service to Veterans by consolidating enterprise and mission-critical systems into fewer national data centers.

Campbell also worked with Service Delivery and Engineering (SD&E) Field Operations to bring nine different VA systems

to full security compliance, and he helped the Capital Region Readiness Center (CRRC) General Support System (GSS) receive an Authority to Operate (ATO), meaning Campbell made sure this newly implemented system had met and passed all of the necessary and rigorous system security requirements prior to becoming certified for operations.

His innovation, attention to detail, and technical experience also contributed to the design and security of the new CRRC Data Center.

When Campbell isn't working, he spends as much time as he can with his wife and two young daughters.



Dr. Michael Simberkoff administers the shingles vaccine to Veteran Marco Antonio at the VA New York Harbor Healthcare System. Photo by Lamel Hinton.

## Shingles vaccine merits further studies

By Mitch Mirkin

In 2005, VA researchers and colleagues published the results of the Shingles Prevention Study, one of the largest adult vaccine trials ever, in the *New England Journal of Medicine*. The study showed that the vaccine was well-tolerated and protected older adults from herpes zoster, or shingles, and its most common debilitating complication, a persis-

tent chronic pain syndrome called postherpetic neuralgia.

Since then, the VA-led study team has continued to further explore the vaccine's benefits and show how it can be used most effectively.

The original VA Cooperative Studies Program trial involved nearly 39,000 Veterans and other Americans at 16 VA medical centers, the National Institutes of

Health (NIH), and five university sites across the US. It included men and women, all age 60 or older. Half received a placebo, and half received a single shot of an investigational shingles (or zoster) vaccine. The vaccine contains a live, weakened form of varicella-zoster virus, the virus that causes chickenpox. The zoster vaccine is a much stronger version of the chickenpox vaccine given to

“Perhaps the most important benefit of zoster vaccine revealed by the original Shingles Prevention Study is that it reduces the incidence of postherpetic neuralgia by two-thirds.”

– Dr. Michael Oxman

children.

Based mainly on the trial's results, the Food and Drug Administration approved the vaccine in 2006. The Centers for Disease Control and Prevention (CDC) recommended its routine use for adults aged 60 and older. It became available for VA patients in 2007.

In more recent years, the Shingles Prevention Study team has continued to analyze the data and observe the large study population, publishing a number of important studies.

One recent VA study, published in August 2013 in the *Journal of Infectious Diseases*, showed that the vaccine, sold as Zostavax, is safe for older adults with a prior history of shingles. The CDC has recommended that older adults receive zoster vaccine irrespective of a prior history of shingles, but such persons were excluded from the original Shingles Prevention Study.

Another VA study, published in April 2013 in *Clinical and Infectious Diseases*, cautioned that depression could blunt patients' immune responses to zoster vaccine, presumably increasing their risk and severity of shingles. The study, which involved nearly 100 people with and without depression, also found that treatment with antidepressants could normalize pa-

tients' immune responses to zoster vaccine, even when that treatment did not reduce their symptoms of depression. In addition to identifying a population of older people who might require a different approach to immunization, the study suggested a potential way to improve immune responses to this and other vaccines.

Another study, sponsored by Merck and published in April 2012 in *Clinical and Infectious Diseases*, showed that the vaccine was safe and effective for people in their 50s. The original trial included only people age 60 or older. The new trial, which took place in the U.S. and Europe and included more than 22,000 people, is important because people in that younger age bracket are still at risk for shingles and postherpetic neuralgia, albeit not to the same extent as those in their 60s and 70s.

Another report, published in November 2012 by VA researchers in *Clinical and Infectious Diseases*, suggested that the efficacy of zoster vaccine begins to gradually decline in the years following vaccination. By year six, the clinical effectiveness is minimal. The results raise the question of whether a second “booster” dose of zoster vaccine may be needed after some years to maintain clinically significant protection against shingles.

Shingles, or herpes zoster, results from the reactivation, multiplication, and spread of chickenpox virus that remains dormant in sensory nerves. It is marked by a painful, blistering rash, and can affect anyone who had chickenpox as a youth—virtually all middle-aged and older Americans. Half of those who live to 85 will get the disease, and doctors in the U.S. treat more than a million cases each year.

Most cases clear up within two or three weeks, but some patients suffer anguishing nerve pain for months or even years—a condition known as postherpetic neuralgia. This stage can involve burning, throbbing, stabbing, or shooting pain. While not life-threatening, it can lead to insomnia, weight loss, depression and other medical problems.

“Postherpetic neuralgia is notoriously difficult to treat,” said Michael Oxman, MD, an infectious disease specialist at the San Diego VA Healthcare System and the University of California, San Diego, and lead investigator on the original vaccine trial.

“For some people, shingles can ruin their retirement and their lives. In the area of the body where the shingles rash occurred, just the touch of a shirt can be very painful. If you have shingles on your head, even a breeze can be intolerably painful.”

He adds that “perhaps the most important benefit of zoster vaccine revealed by the original Shingles Prevention Study is that it reduces the incidence of postherpetic neuralgia by two-thirds.”

# The Ultimate Volunteer: His World Was VA

By Sean Kirst

Lucinda Walts, a nurse manager at the Veterans Affairs Medical Center in Syracuse, tells a classic Larry Barry story. Years ago, Lucinda did a routine cleanup of a patient's room. She found a pair of pajama pants thrown onto the floor. Lucinda wrapped them in a sheet and tossed them in the dirty laundry, which was soon toted away.

A while later, the patient returned from wherever he'd been. He asked Lucinda what she'd done with his pajamas. When he learned they were in the laundry, he became upset and said:

"I had a couple of hundred dollars and some new lottery tickets in those pants!"

Lucinda felt sick. At a hospital that generates mountains of dirty laundry, she had no hope of locating a single pair of pajamas before they went into a washing machine.

Larry Barry, for his part, was undaunted.

He was a VA volunteer. To the staff, it seemed as if he'd been at the hospital forever. He happened to be stationed, that day, on the same floor as Lucinda. He told her to follow him. They went to the basement, with Larry growling

and cussing and being ornery in the affectionate way that was his style.

They got off the elevator and walked into a labyrinth of laundry bins and machines. Lucinda despaired. Larry zeroed in on his destination. He headed straight for a pile of clothes and started fishing, and before long he pulled out a balled-up sheet. Out came the pajama pants, the money and the lottery tickets.

"After that, whenever I saw him, I'd tell him, 'You saved my life,'" Lucinda said.

Larry died Tuesday (November 5, 2013) at the VA, in the care of the nurses who loved him so much. The entire staff kept an eye on him, and a good friend from housekeeping was at his side for his last breath. The nurses saw him as a selfless and irreplaceable part of the hospital: since 1995, when he signed on as a volunteer, he'd logged more than 13,000 hours of volunteer time at the VA.

The staff counted on Larry, who often showed up seven days a week. More than almost anyone, he knew the entire place, inside-out.

"He was always there," said Gerylann Lococo, a nurse. "He was there on every holiday, on every special occasion."

His death, less than a week before Veterans Day, triggered an outpouring of grief. Friday (November 8), the VA observed a moment of silence in his honor, and there are tentative plans for a larger memorial. "He was just a downright good guy," said Beth Lambertson, a program support assistant, who remembers the day

when Larry dropped both his wallet and checkbook in the hall.

Beth found them and gave them back. Larry never forgot her kindness. He was always trying to buy her little gifts as a means of thanks. Beth would say she couldn't take them, that it was against the rules.

Larry would argue that he didn't give, well, he didn't give a darn about the rules.

But he did.

"He was always about the hospital," Gerylann said. "That was his life."

As for his world beyond the VA? Even now, it is a mystery to his friends. When Farah Jadran of Syracuse Woman Magazine wrote an article last spring on the career of Dr. Margherite Bonaventura, a now-retired surgeon, Bonaventura was photographed with Larry, 80, for the magazine. The image is precious at the VA, where Larry left behind almost no photographs.

Bonaventura, who knew him as both a patient and a volunteer, described him as "a gentle man" who served as a Marine during the Korean War. Beyond that, Larry shared few details about his personal life, although he told the staff he had a sister who died not long ago, and relatives in Florida.

The archives at The Post-Standard contain only one reference to Larry, a note about how the VA -- in 1999 -- selected him "volunteer of the year." Friday, a check of old city directories at the Onondaga Historical Association provided a few bits of information:

The records show a Lawrence Barry who grew up on the near West Side, then went into the

military in the 1950s. Around 1955 he returned to Syracuse, where he was listed as a student. A 1961 directory refers to him as a "superintendent" at ShoppingTown, the retail center in DeWitt.

Then he basically vanished from the books until the mid-1990s, when he was listed as living on James Street -- about the same time he became a volunteer at the hospital.

Wendy Ryan, a nurse and a good friend, describes him as kind of the ultimate military veteran: "He served his country, then served the rest of us for all those years," she said.

The staff recalls how Larry seemed to know the name of every employee and patient in the building. Lloyd Pitman, 83, a resident of the VA's community living center, said Larry always walked down the hall on Sunday mornings, checking to see which patients wanted to go to church.

"He was the greatest guy," Pitman said.

As Larry grew older, his health started to disintegrate. He was forced to use a walker, and then a wheelchair. He'd joke about it -- "They keep trying to kill me, and they can't do it!" -- but his stays at VA grew both longer and more frequent. The appreciative staff doted on him; Wendy Ryan recalls how kitchen workers made sure he got whatever treats he wanted with his meals.

In his final days, he was in the care of Wendy and other nurses on the floor known as 7B. They can't remember any visitors stopping by from outside the hospital. Yet until the end, it seemed as if someone was always at his side.



Larry Barry and now-retired surgeon, Dr. Margherite Bonaventura, outside the VA Medical Center in Syracuse, New York. Photo by Cindy Bell, Syracuse Woman Magazine, June 2013

In typical fashion, he showed wisdom. He chose to die at home. **Editor's Note:** This article originally appeared in The Post-

Standard (Syracuse, New York) on Nov. 10, 2013. It is reprinted here with permission.



## NCA Gives Homeless Veterans a Second Chance, career opportunities with VA

By Richelle Taylor

VA honored the first graduating class of the National Cemetery Administration's Veterans Apprenticeship Program in November.

The ceremony included a military color guard, a powerful rendition of the national anthem, and compassionate speeches by Secretary for Veteran Affairs Eric K. Shinseki and Under Secretary for Memorial Affairs Steve L. Muro -- both expressing VA's pride in the accomplishments of the 13 formerly homeless Veterans.

The program, launched by NCA in 2012, supports the Secretary's strategic initiative to end homelessness among Veterans by 2015 by providing participants both classroom and on-the-job training. Upon completing the course, an apprentice can choose to remain at the training cemetery

or compete for other positions in the federal or private sector.

"This morning's ceremony is all about choices. We are here today because each of you chose to seize the opportunity offered to you, and then chose to see that commitment through. We are here today because your co-workers and directors chose to believe in you and help you gain the expertise needed to become certified caretakers ... naturally we trained you in hopes that you would stay in NCA," said Muro.

Muro also talked about cemetery expansion efforts to further encourage graduates to consider NCA as a career path. "We are leading the largest expansion of the national cemetery system since the Civil War," he continued. "We have plans to build 18 new sites ... there is nothing to prevent any or all of you from playing key

roles in these efforts. It simply comes down to a matter of choice."

Shinseki's opening remarks enlightened and challenged the graduates as he cited overall accomplishments of VA, specifically acknowledging NCA.

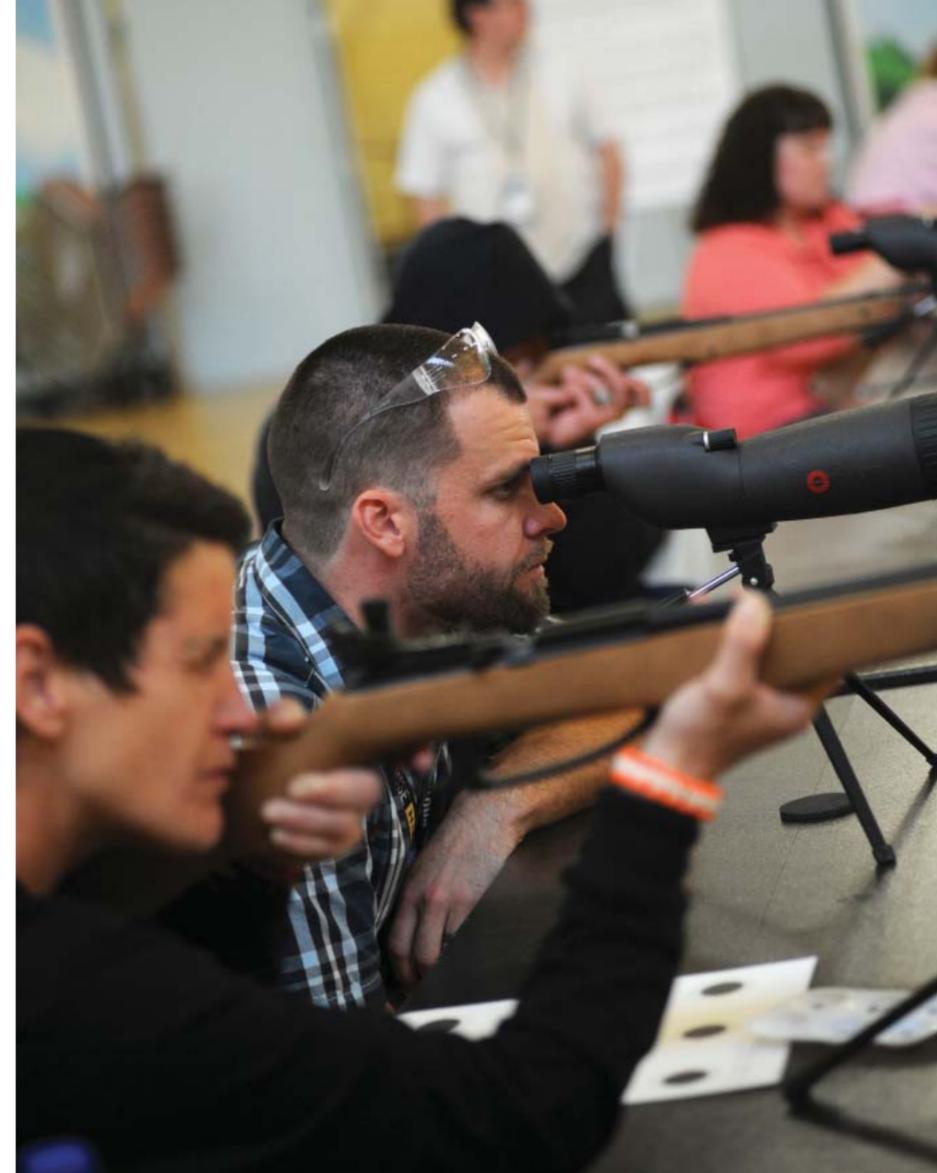
"I want our 13 graduates to know that they are a part of a large and good organization. Over 330,000 people come to work at VA every day. About a third of us are Veterans, and the determination, initiative, and leadership we demonstrated in uniform continues to define our performance today.

"For the past 10 years, NCA outranked Google, Lexus, Apple, and all the rest, as the top-rated customer service organization, public or private in the entire country. Second place isn't even close. That's the legacy we expect you to live up to," he said.

"The program brings together all three of our VA administrations to better serve Veterans. By partnering with VHA's Homeless Veteran's Initiative and VBA's\* education services, and the VA Learning University, NCA's Veteran's Apprenticeship team has created an innovative program that can serve as a model for similar programs in the public and private sectors.

"The group was also [given] the Leadership VA Alumni Association 2012 Team Spirit Award for extraordinary achievement and leadership. Today we celebrate the team's success as well as the individual victories," said the Secretary.

The graduates attended a reception in their honor and were each given the Under Secretary's coin.



Smith uses a spotting scope to inform participants of their hits, misses and any necessary adjustments needed to improve their scores. High-level competitive marksmanship requires physical and mental discipline to control one's movements, breathing and even heart rate.

### Perry Point From Page 9

"Today we are set up at 10 meters, shooting regulation targets, which is the same course at the National Games. This way, others can come to Perry Point to train for national competition as well," said Smith. "Since the grant helped create this range, our participation levels have definitely increased." On any Thursday afternoon, up to 20 Veterans spend up to two hours on the shooting line.

Wes Hardwick, a 55-year-old

Navy Veteran with a spinal cord injury had been hunting since he was a child. While recuperating at associated Baltimore VAMC, he heard of the Perry Point clinic.

"I've always been active, but the air gun clinic and the VA games gave me a goal -- something to aim for. Sometimes it's tough dealing with my situation, and I'll say, 'the heck with it', he said during a phone interview. "But then I say, 'I need to practice,' and it gets me out."

Hardwick loves the national

rehabilitative special events. His travel expenses were covered by VA, local Veterans Service Organizations and other sponsors. He participated in air guns and 9-ball this year in Tampa, and brought back two gold medals, one each in archery and trap shooting.

"It's such a great experience, so many people, its hectic and keeps you on your toes," said Harwick. "At first I felt sorry for myself, then, seeing what others can do is very inspirational. How can I complain?"

Ventura Ultra Catala, a good friend of Hardwick's, was active in high school basketball, gymnastics, track, football, baseball and scuba diving before joining the Army in 1979. An Airborne training jump accident put him in a chair in 1983. He's participated at the Wheelchair Games since 1998. This year, he brought home three medals, in air guns, archery and field sports adding to the 88 medals he's earned at previous events. He'll soon be training three times a week for the upcoming season.

"There are a lot of Vets out there who don't know the special events exist or how they can train and participate. At Perry Point, you have a sprawling campus, all that ground for archery, air guns, discuss, track. They could bring it all to this site," said Catala.

Four Perry Point Veterans attended the Wheelchair Games in Tampa in 2013, participating in air guns, trap shooting, archery, billiards, field events and more, bringing home a total of 10 medals. All plan on training for and attending next year's games.

"We have a lot to offer at Perry Point," Smith said, "and I'm really hoping to get the word out to Veterans who want to be training for games. Having a nationally recognized training facility at Perry Point is really one my ultimate goals."

# Getting By With a Little Help From Your Friends

By Tom Cramer

"Calm down."

Apparently, that's the one thing you don't want to say to someone who's come to you seeking solace and advice, but whose emotions are getting a bit escalated as they talk about the pain and anger they're feeling inside.

"De-escalating someone is an art," said Sarah Oury, a former Army captain who now works as

a peer support specialist at the San Diego VA. Her job is to provide comfort, support and hope to fellow Veterans suffering with post traumatic stress disorder and other mental health challenges.

"I find that when the Veteran feels respected and heard, the anger begins to disappear," she explained. "Some people are good at it; some aren't. I needed people to be really good at it with me, be-

cause I was carrying around a lot of anger after I left the military in 2006. I was diagnosed with PTSD. But people at the VA helped me, they were there for me, and now I'm trying to help other Veterans like me."

There are 11 peer support specialists at San Diego and roughly 800 at VA sites nationwide. They represent VA's newest and perhaps most promising strategy to get Veterans struggling with mental issues to come in for help.

"You shouldn't have to navigate your way through the VA health care system by yourself," Oury said. "You need a guide. You need an advocate. That's what I'm here for."

Oury said her primary job is to simply share her personal story with her clients. "It can be very therapeutic for them, and for you," she observed. "Doing this job helps you work on your own self-recovery. Because recovery is never a done deal. It's always an ongoing process. I'm still mending some of my own relationships."

"Peer support specialists are unique, because they're the only health care providers in VA who are trained to use their own life experiences to help their clients," explained Dr. Christine Rufener, a staff psychologist who runs the peer support program at San Diego. "As a psychologist, I'm not able to do that because of ethical issues related to doctor-client boundaries.

"Your peer support specialist," she added, "is someone who's made it to the other side. They've recovered from their own mental health challenges, so they're in a position to instill hope."

'Hope' is something Phil Clough is just now beginning to get a grip on. The Navy Veteran was the victim of military sexual trauma back in the 1980s, and spent years drinking and drugging to numb the pain.

"I kept a secret for nearly 30 years, and it almost killed me," he said. "I put it in a box somewhere in the back of my head, and tried to keep the box closed. I buried it."

Clough admits he was near the end of his rope when he finally decided enough was enough.

"When I came to the VA for help, I was shattered," he said. "I was suicidal. I was homicidal. I had a lot of anger."

But then a peer support specialist named Eric showed up at



Peer Support Specialist Sarah Oury (Right) shares a story with Veteran Naomi Winley at the San Diego VA. Photo by Christopher Menzie, San Diego VA

his side.

"When I first met Eric, we talked for about an hour," Clough said. "When I come to the VA now, the first person I ask for is Eric."

The Navy Veteran said he now has three peer support specialists who are helping him stay on course during his treatment program at the VA.

"I do what they tell me to do," he said. "If they tell me to go see my counselor, I go see my counselor. If they tell me to go to group therapy, I go to group therapy. They put me touch with the right people who can help me."

He added: "They did the one thing that all the king's horses and all the king's men couldn't do. They put me back together. I still have a long way to go. I'm damaged. But if I need them I know they'll always be there for me."

And when you're a peer support specialist, 'being there' sometimes involves more than just showing up for work at the office.

"In some cases I'll actually go out to the Veteran's house," said Oury. "Sometimes, when you're that depressed, you can't even get out of bed. So you certainly can't get yourself in to the VA. Someone needs to come to you. If that's what it takes, that's what I'll do."

Rufener said this kind of dedication, however, can be a double-edged sword.

"These are highly motivated people," she observed. "They got the help they needed from VA, and now they're very motivated to help other Veterans. But this is not easy work. It can be stressful, which is why we continue to support them."



Dr. Christine Rufener

# Veteran, Doctor Receives Lifetime Award

The VA Society for Practitioners of Infectious Diseases (VASPID) will present its Lifetime Achievement Award to Dr. Michael S. Simberkoff, executive chief of staff, VA New York Harbor Healthcare System (NYHHS) on Oct. 4 in San Francisco, Calif. Dr. Simberkoff is only the third physician to receive this award.

Simberkoff's career in Infectious diseases both as a clinician and researcher began with his service in the Navy in 1964.

As a young physician, he was assigned to the infectious disease research program at the Naval Medical Research Institute at the National Naval Medical Center in Bethesda, Md.

"I loved my work at NMRI because it combined lab and clinical research," said Dr. Simberkoff.

Upon honorable discharge from the Navy, Dr. Simberkoff completed his internal medicine residency training and a fellowship in infectious diseases.

He then accepted a position as a research associate in the infectious diseases section, Medical Service at what was then the New York VA Medical Center.

At this early stage of his career, Dr. Simberkoff concentrated on prevention and treatment of infectious diseases, including early research studies with the Hepatitis B vaccine and pneumococcal vaccine.

However, with the onset of the HIV epidemic in New York, he became a pioneer in the diagnosis and treatment of that infection, helping to found the first clinical and research center for HIV in the VA system.

"I loved my work at NMRI because it combined lab and clinical research"

— Michael Simberkoff

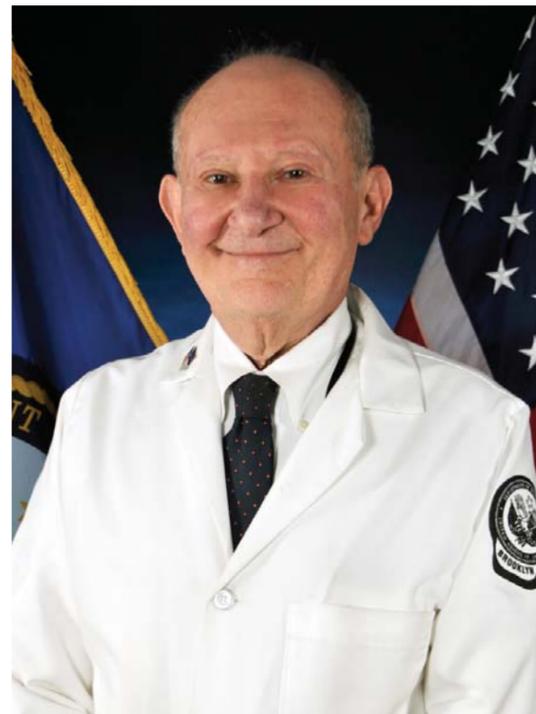
Simberkoff served on the VA Central Office advisory committee that dealt with spreading knowledge and treatment guidelines as it spread from epicenters on the East and West coasts throughout the country.

He co-chaired a VA cooperative study that helped define the optimum time to initiate the first anti-retroviral therapy (AZT, zidovudine) for HIV infected patients. Over the years, Simberkoff's work as a clinician and researcher has touched on treatment and prevention of many of the infectious diseases that were first recognized and/or dominated the field during the latter part of the 20th Century and the beginning of the new millennium.

These diseases would include malaria and other parasitic infections in Veterans returning from Vietnam, Hepatitis, HIV, Legionnaire's disease, Staphylococcus aureus infections, fungal endocarditis, C. difficile infections, Lyme disease, shingles, influenza and other respiratory infections.

"Every year we've faced new challenges in infectious diseases," said Dr. Simberkoff.

"I was there at the beginning of many of them. My major interest is in prevention of infections with vaccines, and treatment of them with antibiotics, anti-viral drugs, and anti-fungal agents. There is no end to the challenge of



Simberkoff

infectious disease and it remains an exciting field for those who are interested in clinical medicine and research."

Simberkoff has served in many positions at this facility including research associate and clinical investigator in the research service.

Simberkoff also served as staff member and section chief of the infectious diseases section, associate chief of staff for Research and Development, chief of staff of the New York VAMC from 1997-1999, and executive chief of staff of VA New York Harbor Healthcare System since 1999.

Throughout, he has continued to treat and follow patients in the ID clinic, teach residents and students as ID and medical ward attending, and pursue his research interests.

# Houston — We Have a Solution

## OIT Product Reduces ER Wait Time

We all know what it's like to wait in the ER, but for 10s of thousands of Veterans who visit the VA's largest medical center emergency department operation in the country, their time spent in the ER has been cut in half.

Thanks to the Office of Information and Technology's (OIT) introduction of EDIS 2.0 (Emergency Department Integration Software), Veterans who visit Houston's ER don't have to wait as long.

"As the largest Emergency Room operation in VA we see more than 46,000 patients a year here in Houston," said Dr. Hossam Safar, emergency department director of the Houston VAMC. "IT's development of EDIS 2.0 completely changed the efficiency of how we serve Veterans, cutting ER wait time in half for Veterans waiting to be admitted."

OIT was tasked with developing a software product to track and manage the delivery of care to patients in all VA hospital emergency rooms. EDIS allows the ER to record, track and monitor patient status during visits; gives medical staff the ability to get a full view of the treatment a patient received; and provides hospital personnel with an accurate assessment of the facility's bed management system for a more efficient admission process.

With Houston's implementa-



From left to right: Emergency Department Director Dr. Hossam Safar, Registered Nurses: Natalie Leonard (sitting), Katrina Reyes (sitting), Felicia Layssard, Susan Honnet, ED Nurse Manager Kevin Badon, and ED Nurse Manager, Jon Washchack.

tion of EDIS 2.0, Dr. Hossam Safar and his team saw what used to be about an 8 hour "wait to be admitted or discharged" process reduced by almost 4 hours. In addition, EDIS provided Dr. Safar more accurate, real-time activity, admission and staffing workload reports, including the Emergency Severity Index. In addition to improving service to Veterans, Dr. Safar was able to use the data reports to hire additional staff for 2014.

EDIS 2.0 supports large displays that act as electronic whiteboards to help securely track patients from ER to admittance. These big-board displays are usually large plasma or liquid crystal display (LCD) monitors.

## About EDIS 2.0

The system is an extension to VistA/CPRS for tracking and managing the delivery of care to patients in an emergency department; it is a class III to class I software conversion.

The system provides: Recording and tracking emergency department patients during incidents of care, display of the current state of care delivery, and reports and data extracts on the delivery of care. The system can be configured to specifics of different VHA emergency departments.

# FOUR VA RESEARCHERS TO BE HONORED FOR THEIR INNOVATIVE WORK

**By Tom Cramer**

Four VA researchers have been named recipients of the prestigious Presidential Early Career Award for Scientists and Engineers.

It is the highest honor bestowed by the United States government on science and engineering professionals in the early stages of their independent research careers.

The awardees are Dr. Hardeep Singh, a patient safety researcher at the Michael E. DeBakey VA Medical Center in Houston; Dr. Karunesh Ganguly, a neurologist and research scientist at the San Francisco VA Medical Center; Dr. Katherine Iverson, a clinical research psychologist with the VA Boston Healthcare System; and Dr. Brian Head, a researcher with the VA San Diego Healthcare System.

All four will accept the award from President Obama at a White House ceremony later this year, along with 98 other young researchers from across the country.

## **Dr. Hardeep Singh**

Dr. Hardeep Singh is being recognized for his groundbreaking multidisciplinary research on missed and delayed diagnosis and patient safety improvement in electronic health record-based clinical settings.

“Dr. Singh has rapidly become a preeminent researcher in the areas of reducing diagnostic errors and leveraging health information technology to improve safety,” said Dr. Laura Petersen, director of the Houston VA Center for Innovations in Quality, Effectiveness and Safety.

“The value of his work is already apparent in many areas of improving patient care. I cannot think of a more deserving candidate for such an honor.”

The researcher is recognized for his innovative health services research in several related areas, including understanding and reducing diagnostic errors in the outpatient setting, especially missed and delayed cancer diagnosis; use of health information technology to identify and reduce diagnostic errors; and patient safety related to the implementation and use of electronic health records.

Singh is currently working to train the next generation of interdisciplinary patient safety researchers to keep the field at the leading edge of innovation and to improve medical practice in a health care system increasingly



Singh

defined by health information technology.

In 2012, Singh received the AcademyHealth Alice S. Hersh New Investigator Award in recognition of the national significance of his work.

His research has been published in journals such as the New England Journal of Medicine and JAMA and cited in several national policy reports.

## **Dr. Karunesh Ganguly**

Dr. Karunesh Ganguly is being honored for his groundbreaking research on the role of neural learning in a brain-machine interface, or BMI. His research uses principles and tools from the field of neural engineering to develop BMIs for veterans and others with permanent disabilities after spinal cord or brain injury.

BMIs aim to seamlessly integrate electronics with the nervous system to enable skilled control of artificial prosthetics.

Ganguly's recent work, published in PLoS Biology and Nature Neuroscience, has greatly advanced this field by identifying critical interplay between neural learning and machine learning, and by using these findings to establish guiding principles on how best to develop a stable interface.

His work has also been published in neuroscience journals such as Neuron and Nature Neuro-



Ganguly

science.

He has a long history of community service including work in free clinics and with general medical screening at community events.

## **Dr. Katherine Iverson**

Dr. Katherine Iverson is being recognized for her research and clinical expertise in women's mental health following potentially traumatic events.

Her current studies focus on identifying best practices for detecting, responding to, and preventing intimate partner violence among military veterans.

“VA Boston Healthcare System is deeply pleased that Dr. Iverson was selected this year for this prestigious, interdisciplinary, national award,” said Dr. Terry Keane, associate chief of staff for research at the VA Boston Healthcare System.

“Her work on the psychology of intimate partner violence and the effects of sexual assault is trend-setting. She is poised to make significant contributions to the field for decades into the future.”

Iverson is a member of VA's National Center for PTSD Women's Health Sciences Division.

“I am honored by this award and inspired by the attention it is drawing to this important issue,” she said.

“It is my hope that this recognition will facilitate my continued



Iverson

research on the impact of intimate partner violence on military and veteran families.”

## **Dr. Brian Head**

Dr. Brian Head is being honored for his efforts to develop gene therapies for treating traumatic brain injuries and post-traumatic stress disorder.

“We are very proud of Dr. Head and his outstanding accomplishments as an early career scientist,” said Jeffrey Gering, director of the San Diego VA Medical Center.

“This research translates into better health care for veterans and all Americans.”

Head's work focuses on the preclinical development of potential novel gene therapies and small molecules to treat a variety of disorders of the nervous system, including neurodegenerative disorders and ischemic/stroke which afflict the aging veteran population, as well as deployment-related conditions such as TBI and PTSD.

The researcher has been an

outstanding mentor to young scientists. To date, he has helped shape the scientific careers of more than nine undergraduate students, five graduate students, 10 post-doctoral fellows and five anesthesia residents.

Recipients of the Presidential Early Career Award for Scientists and Engineers are selected for their pursuit of innovative research at the frontiers of science and technology, as well as their commitment to community service through scientific leadership, public education, or community outreach.

To learn more about the award and its recipients, visit [www.whitehouse.gov/the-press-office/2013/12/23/presidnet-obama-honors-outstanding-early-career-scientists](http://www.whitehouse.gov/the-press-office/2013/12/23/presidnet-obama-honors-outstanding-early-career-scientists).



Head

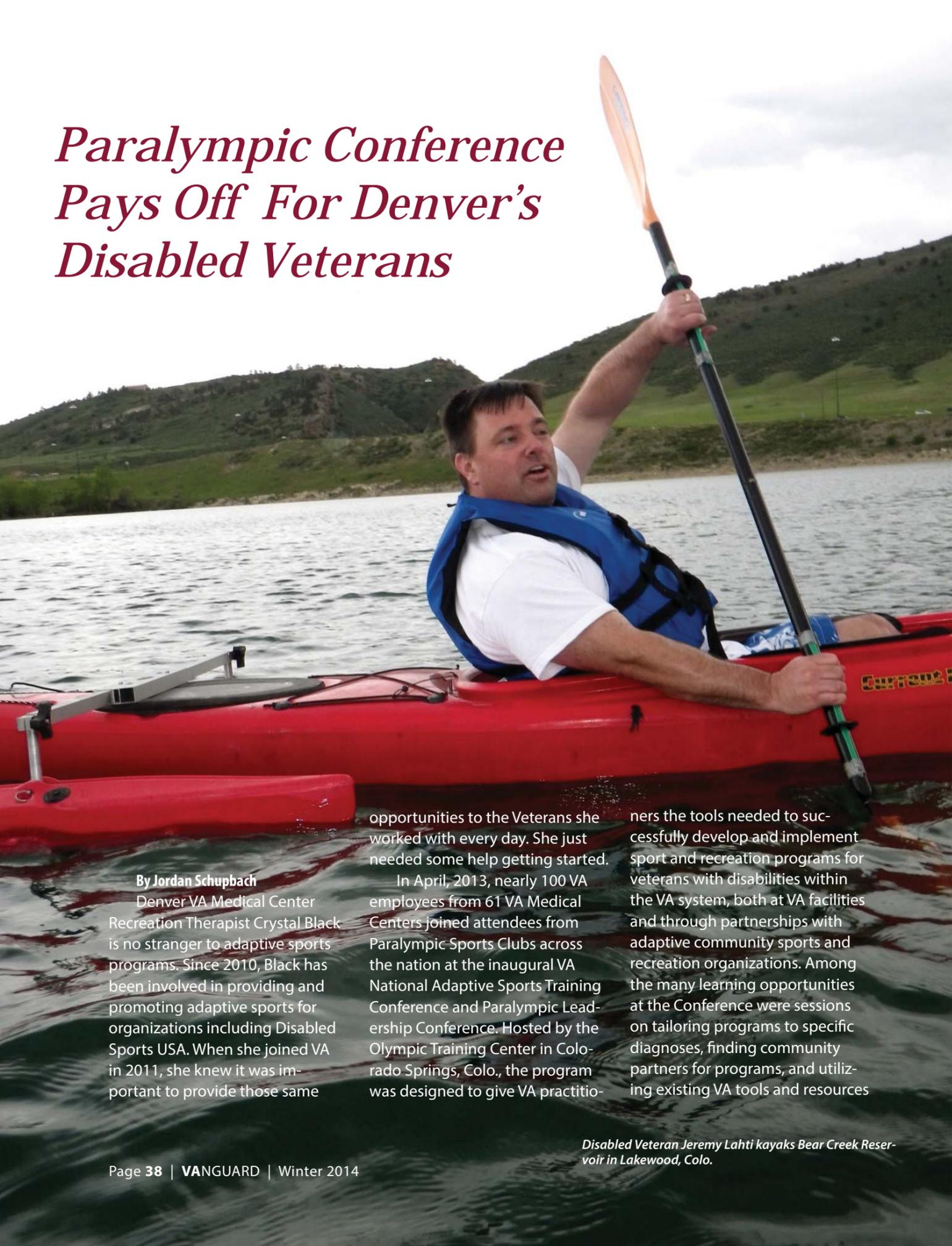
Watch VA News 24/7 at [www.va.gov/opaffeature/vanews](http://www.va.gov/opaffeature/vanews) or [www.youtube.com/user/DeptVetAffairs](http://www.youtube.com/user/DeptVetAffairs)

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# Paralympic Conference Pays Off For Denver's Disabled Veterans



By Jordan Schupbach

Denver VA Medical Center Recreation Therapist Crystal Black is no stranger to adaptive sports programs. Since 2010, Black has been involved in providing and promoting adaptive sports for organizations including Disabled Sports USA. When she joined VA in 2011, she knew it was important to provide those same

opportunities to the Veterans she worked with every day. She just needed some help getting started.

In April, 2013, nearly 100 VA employees from 61 VA Medical Centers joined attendees from Paralympic Sports Clubs across the nation at the inaugural VA National Adaptive Sports Training Conference and Paralympic Leadership Conference. Hosted by the Olympic Training Center in Colorado Springs, Colo., the program was designed to give VA practition-

ers the tools needed to successfully develop and implement sport and recreation programs for veterans with disabilities within the VA system, both at VA facilities and through partnerships with adaptive community sports and recreation organizations. Among the many learning opportunities at the Conference were sessions on tailoring programs to specific diagnoses, finding community partners for programs, and utilizing existing VA tools and resources

to get programs started.

"The conference was really valuable in helping me learn about other VA medical centers adaptive sports programs' successes and challenges," said Black. "Being able to network with VA clinicians and Paralympic sport Clubs was vital when seeking feedback, guidance and resources for growing the Denver VA adaptive sports program."

Based on what she learned at the conference, Black designed a program that provides three levels of care based on each individual's assessment and treatment goals. The first level of care is direct referral to community-based adaptive sports programs for individuals who demonstrate safe and independent function in his or her community but may need help locating resources. The second level of care is 1:1 sessions to address safety or community transition needs. The third level of care is multi-week programs for those who need more advanced therapeutic intervention to allow for a safe transition into the community. These programs include skiing, snowshoeing, swimming, cycling and several other sports. Each program follows a progression toward maximum independence in that sport.

Black's program also engages community partners in a variety of ways, including providing access to equipment, coaches, training facilities and transitional resources.

"The ultimate goal for our adaptive sports programs is to successfully transition Veterans from VA care to community-based sports programs that align with



Navy Veteran Brian Halik takes a run with Rec Therapist Crystal Black.

his or her treatment goals," she said. "Working with community partners from the start makes that transition much more efficient and effective."

The Denver VA has served more than 150 Veterans in its adaptive sports program since it began. The 24-year-old U.S. Navy Veteran Brian Halik is one of them. Halik, an OEF/OIF Veteran who sustained a spinal cord injury, says he was told he would never walk post injury. Halik decided differently, however, and working with Crystal, has completed running and cycling programs and is now participating in a swimming program.

Halik says the program has made him stronger, healthier and more confident. "Just because someone tells you it can't happen doesn't mean it can't," he said. "Any Veteran who isn't active

should definitely check your local VA for these programs."

One key to the program's success was strong support from Denver VA leadership.

"Without the support from our Physical Medicine and Recreation Therapy Services Department, as well as from our Director's Office, these programs would not be flourishing and supporting so many Veterans," said Black.

But leadership buy-in wasn't automatic. Lynette Roff, the Denver VA Medical Center Director, was looking for something more. "In order to ensure that we were providing a program that was in line with VA's mission of providing excellent health care to the Veterans we serve, we needed the program to provide measurable, tangible health benefits," said Roff.

**See Sports on Page 40**

## Sports from Page 39

To that effect, Black developed a series of assessments to track and report a Veteran's progress.

For each Veteran, a collaborative treatment plan with measurable goals is identified based on his or her barriers.

Veterans are responsible for directing their own care, starting with the safety assessment and continuing throughout the program. Following each session, each Veteran discusses progress with the Recreation Therapist and identifies any accomplished goals or new barriers.

Each program also includes an identifiable discharge plan following the first session. "We are constantly working toward transfer of care to the Veteran's home community," said Black.

For those that were unable to attend the Conference, Black

has some advice on developing or expanding. "I'd strongly suggest reaching out to your medical center leadership to find out what they would require to get program approval" she said. "We designed programs within our service, answered the questions we could and then reached out to others for the questions we could not answer before we presented the idea to the Director's Office."

And finally, Black emphasized that attending the Leadership Conference would be highly recommended for anyone who is starting fresh or looking to expand, as it provides the opportunity to gain a great deal of knowledge and networking opportunities in one spot.

"Once your program is up and running, make sure to pay it forward and share the information you gain with others looking to develop new programs."



*Disabled Veterans participate in a handcycling clinic at the Denver VA Medical Center.*