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On the cover
RyAnne and Scot Noss at their home near Birmingham, Ala. The home was built by Homes for Our Troops, a nonprofit organization that builds new homes or adapts existing homes to make them accessible for severely injured and disabled Veterans. RyAnne has been Scot’s caregiver since he was severely injured in a Chinook helicopter crash in Afghanistan. She receives caregiver support from VA.

photo by Joe Songer/The Birmingham News
Amputee Softball Team
The National Amputation Foundation is a not-for-profit organization comprised of combat and service-connected amputees from World War II, Korea, Vietnam and Iraq/Afghanistan. Our mission is to show, by example, that there is life after amputation.

In the May/June issue of VAnguard, there was an article about an amputee softball team (“A Game of Their Own,” page 11). The article stated that this was the first team of its kind.

Please be advised that from 1947 to 1951, the National Amputation Foundation, along with our sister organization, the Disabled American Veterans Amputee Chapter 76, had two baseball teams, the Flat Tires (leg amps) and the Broken Wings (arm amps).

The teams played nine innings of hardball at the home stadium of the New York Giants, the Polo Grounds, in New York City.

John J. Devine President National Amputation Foundation Malverne, N.Y.

Another Letter of Thanks
A couple of years ago, you published my letter thanking the VA, specifically the oncology team at the VA Long Beach facility, for curing me of cancer. Today, I would like to repeat those sentiments to the VA eye clinic there, and especially the doctors who removed the cataract in my only eye and brought my vision back to 20/25—without glasses!

Despite the fact that my left eye is blind, and I have a little-known hereditary eye disease called Fuchs Dystrophy, the doctors, including the top surgeons on assignment to the VA from the University of California at Irvine eye institute, assured me that the cataract removal could be performed with minimal risk.

Less than an hour after surgery began, I was reading every sign on the wall as they wheeled me out of the OR. I felt like kicking my heels. Instead, I hugged everyone I could find.

For every complaint that is lodged with the VA, there are many examples like me who have become devoted fans, admirers and American patriots who appreciate the medical attention from the Veterans health care system.

Les Goldberg Army Veteran Santa Ana, Calif.

Pink Out
VA facilities nationwide participated in the “Pink Out Challenge” Oct. 19 to raise awareness about breast cancer during National Breast Cancer Awareness Month.

Employees were encouraged to wear pink and submit photos in a “competition” to be the “pinkest facility.”

This photo was taken of employees at the Tuscaloosa (Ala.) VA Medical Center.

We Want to Hear from You
Have a comment on something you’ve seen in VAnguard? We invite reader feedback. Send your comments to vanguard@va.gov. You can also write to us at: VAnguard, Office of Public Affairs (80D), Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420.

Include your name, title and facility. We may need to edit your letter for length or clarity.
It’s Up to You to Defend Veterans’ Identities

When Veterans’ identities are stolen, their worlds can be torn apart. That’s why VA launched the More Than A Number Campaign this September. It’s an identity theft prevention effort to increase awareness that every piece of personally identifiable information is more than just a number—it is central to a Veteran’s livelihood.

Criminals can steal Veterans’ data when VA employees fail to defend it. In fact, there were more than 41,000 cyber attacks on government agencies in 2010. If Veterans become victims of identity theft because of such an attack, they can be denied loans, must spend time fixing credit records, and face other hardships. Simply put: identity thieves can seriously jeopardize Veterans’ financial well-being.

The same can happen to you—VA also possesses personally identifiable information for all of its employees.

Visit the campaign’s Web page at bit.ly/morethananumber to equip yourself with the knowledge you need to defend Veterans’ data, as well as your own. You can watch informative videos, find a wealth of information on VA regulations, and download a variety of free materials to share with your colleagues. If you have questions or comments about identity theft, email vaidtheft@va.gov. There’s a Veteran behind every piece of data, so use these tools to make sure you know how to defend them.

Virtual Lifetime Electronic Record Pilot Program Expanded

VA is expanding its pilot for the Virtual Lifetime Electronic Record, or VLER, which enables sharing of Veterans’ health records.

“The expansion of the VLER pilot program will allow more Veterans and facilities to participate in this exciting new technology,” said VA Secretary Eric K. Shinseki. “I invite Veterans to sign up for the program. It will keep health care providers informed, improve continuity and timeliness of care, and eliminate gaps in health care information.”

VLER is a multi-faceted business and technology initiative that includes a portfolio of health, benefits, personnel and administrative information-sharing capabilities.

This pilot expansion is designed to share Veterans’ health information electronically, safely and privately between VA, the Department of Defense, and selected private health care facilities that are members of the secure Nationwide Health Information Network.

VA is on track to implement health information exchange at 11 VA medical centers and to partner with both DoD and private health care entities by this fall. This expansion will enable authorized users to access health information and will provide seamless service to America’s service members and Veterans.

VA set a goal to have 50,000 signed authorizations from Veterans who are VA patients to participate in the pilot by the end of the fiscal year, Shinseki noted.

In addition to other ongoing efforts to share benefits and administrative data, the pilot is an initial step toward a larger capability that will become available throughout VA. VA will expand this pilot to provide these services to service members and Veterans nationwide.

Existing Sites
- San Diego VA Medical Center and Kaiser Permanente San Diego, in operation since winter 2009;
- Hampton VA Medical Center in Virginia, MedVirginia and DoD, in operation since fall 2010;
- Spokane VA Medical Center in Washington, Inland Northwest Health Services and DoD, in operation since spring 2011;
- Hunter Holmes McGuire VA Medical Center in Richmond, Va., and MedVirginia, in operation since spring 2011;
- Richard L. Roudebush VA Medical Center in Indianapolis, and Indiana hospitals, in operation since summer 2011.

Expansion Sites
- Grand Junction VA Medical Center in Colorado, and rural Utah hospitals, first in Moab, Utah, through the Utah Health Information Network, by fall 2011;
- Asheville VA Medical Center in North Carolina and Western North Carolina Health Network, by fall 2011;
- VA Western New York Healthcare System in Buffalo, and Buffalo area hospitals, through the HEALTHeLINK Health Information Exchange, by fall 2011;
- Ralph H. Johnson VA Medical Center in Charleston, S.C., and Charleston area hospitals, through the South Carolina Health Information Exchange, by fall 2011;
- Minneapolis VA Health Care System, and Minnesota hospitals, through the Community Health Information Collaborative Health Information Exchange, by fall 2011; and
- VA Puget Sound Health Care System in Washington and MultiCare sites, by fall 2011.

To learn more about VLER, Veterans can call 1-877-771-VLER (8537).
VA released a policy directive regarding the secure use of Web-based collaboration and social media tools on Aug. 16. The policy allows the Department and its employees to leverage emerging platforms that enhance communication, stakeholder outreach and information exchange as the Department transforms itself into a 21st-century organization attuned to the needs of Veterans of all generations.

The policy, “VA Directive 6515: Use of Web-Based Collaboration Technologies,” encourages the adoption and use of social media by VA employees. It provides workplace boundaries and establishes the Department’s philosophy for communication: VA is open and transparent, and VA is willing and able to engage and collaborate with its many stakeholders online.

“This isn’t about using social media because it’s cool or because it’s a fad,” said VA Director of Online Communications Brandon Friedman. “It’s about getting the right information to the right Veteran at the right time. This policy sets us on a path toward changing how we talk—and listen—to Vets.”

VA began launching social media sites in 2009, and the Department has more than 100 Facebook pages, more than 50 Twitter feeds, two blogs, a YouTube channel, and a Flickr page.

VA’s Facebook pages have a combined subscription of more than 293,000 fans, with the Department’s main page reaching more than 138,000. On Twitter, VA has a combined following of more than 53,000, with the Department’s main feed reaching more than 22,000.

VA has posted more than 300 videos on YouTube and more than 9,000 photos on Flickr, which combined have been viewed more than 1.1 million times. In November 2010, VA launched its first blog, VAntage Point, which distinguishes itself from other government blogs by actively soliciting guest pieces from both employees and the public. By the end of the year, the Department expects to have an active Facebook page and Twitter feed for all 152 VA medical centers.

More information:

Users can access an online directory of VA social media sites.

Social Media Policy Establishes Responsible Use for Web Tools

Permanent Change of Station Travel Documents Go Electronic

Moving can be both an exciting and frustrating experience for employees and their families.

Financial Services Center staff in Austin, Texas, successfully led a Permanent Change of Station process improvement enabling electronic routing of PCS travel documents. In July 2007, VA averaged approximately 31 days from the day an employee accepted a new job to the day the FSC received a completed VA Form 3918 (Intra-Agency Transfer Request), the first step in the relocation process.

In what was once a labor-intensive, manual process, gaining and losing stations faxed and re-faxed PCS documents for required signatures, often, documents were misplaced or misrouted, creating additional delays. These delays cut the time the employee had to arrange their move, resulting in a negative move experience. The manual process also highlighted concerns with protecting sensitive Personally Identifiable Information throughout the process.

FSC worked with key players in the relocation process to plan and develop an automated solution, and on May 19, 2009, fielded the PCS Portal pilot. The enhanced process gives relocating employees, human resources, budget and approving officials email alert notifications of pending actions, eliminates misrouted travel documents, and streamlines the document approval process.

The PCS Portal uses a Web-based application to automate the preparation and approval of VA Form 3918 and VA Form 3036 (Travel Authorities for Permanent Duty). VA station staff and relocating employees electronically create, manage and sign required travel forms.

Under the pilot program, completed in May 2010, the average number of days to complete VA Form 3918 processing improved by 51 percent, with similar improvements noted in VA Form 3036 processing. The improved document timeliness allows FSC to counsel employees on their move entitlements earlier and gives employees more time to plan their move.

Working closely with station personnel, VA met its goal converting to the new Web-based application and now processes all PCS travel authorization documents electronically. The timeliness of processing VA Forms 3918 and 3036 continues to improve—helping VA travelers enjoy a smoother experience.

FSC will now focus on automating the PCS travel claims and payment process, using data already captured on VA Forms 3918 and 3036 to automate and streamline the processing and payment of travel vouchers, with completion expected in fiscal year 2012.
Reaching Out to Rural Veterans With Telehealth

Technology is allowing Veterans in remote areas to connect with health care without making a long journey to their nearest VA medical center.

“We want to keep people at home where they’re comfortable, where they have a support system, instead of at a hospital far away from where they live.”

—Dr. Tracy Weistreich, associate director, VA Roseburg Patient Care Services

Veteran Kenneth Winn of Crescent City, Calif., enjoys a private conversation with Cassandra Donlon, a psychiatric mental health nurse practitioner with the VA Roseburg Healthcare System.
Kenneth Winn, 48, suffered a head injury while deployed in Operation Desert Storm. Since then, he’s experienced his fair share of challenges in life. He’s been looking for a job now for two years.

“I want to work,” he said. “But if I tell [a potential employer] I have a head injury, they don’t hire me. It’s been hell trying to find a job. I enjoyed being a helicopter mechanic when I was in the Army—I knew that job backwards and forwards.”

Winn said he finds it comforting to share his thoughts and feelings with his mental health care provider at the VA Roseburg Healthcare System. Fortunately, he doesn’t have to drive more than 150 miles (that’s three hours) from his home in Crescent City, in northern California, to Roseburg, Ore., to see her. Thanks to a technological marvel known as telehealth, all he needs to do is drive to his VA clinic in town, where he’s quickly connected with his counselor at VA Roseburg.

“Crescent City is No Man’s Land,” Winn said. “With telehealth, I can talk to my doctor without having to travel very far. It helps to talk to her when I’m down. She’s keeping tabs on my medications and stuff like that. She makes sure I receive what I need to receive.”

Patricia Ryan, associate chief consultant for the VA Office of Telehealth, said more than 200,000 Veterans—like Kenneth Winn—have now used its clinic-based telehealth services. She said another 51,000 patients nationwide are enrolled in VA’s home telehealth program.

“With telehealth, our Veterans can connect with VA specialists in mental health, cardiology, dermatology, gastroenterology, rheumatology and urology,” Ryan said. “This is important, because a large percentage of our rural Veterans are advancing in age. They have chronic health conditions that require constant monitoring. If it weren’t for telehealth, we’d be hard-pressed to deliver the kind of day-to-day observation they require.

“Not everyone has a cardiologist nearby,” she added. “With telehealth, they do.”

Cassandra Donlon, a psychiatric mental health nurse practitioner at VA Roseburg, described what happens when Veterans like Kenneth Winn arrive at the clinic.

“A staff member escorts you to a private office, makes sure you’re comfortable, and ensures the equipment is working,” Donlon explained. “Once you and I are ‘connected,’ the staff member leaves the room and shuts the door. You’re in Crescent City; I’m 150 miles away in Roseburg, but we’re now engaged in a private, confidential, mental health appointment.

“It’s like I’m in the same room with you,” she continued. “We see and hear each other over our computer monitors and speakers. I can assess, evaluate, diagnose, and prescribe medications for you, or provide supportive counseling. I can order or review your lab work results.”

Dr. Tracy Weistreich, associate director for Patient Care Services at VA Roseburg, said telehealth is rapidly becoming an indispensable tool for meeting the health care needs of hundreds of rural Veterans served by the VA Roseburg Healthcare System.

“We live in God’s Country here,” Weistreich said. “Some people call it No Man’s Land, but I like to call it God’s Country. You can travel for miles and miles and not come to a town or a community. It’s remote, and getting to your nearest VA medical center can take hours. But with telehealth, we can bring the doctor right into your home. You and your health care provider can discuss symptoms early and make appropriate adjustments to your treatment to help you avoid hospitalization. You really don’t want to go to the hospital if you can help it.”

And there’s another big benefit as well. “Our telehealth program here at Roseburg saves Veterans an estimated 62,000 miles of driving each year,” Weistreich said.

In addition to Crescent City, Calif., VA Roseburg has three clinics in Oregon with telehealth capability—in North Bend, Brookings and Eugene.

Kathy Andersen, RN, care coordinator for Roseburg’s Home Telehealth Department, manages patients with chronic diseases such as diabetes, congestive heart failure, chronic lung disease and hypertension. There are 303 patients in Roseburg’s home telehealth program; Andersen personally manages 81 of them.

“I have patients who live 150 miles away,” she said. “I even have patients who live 175 miles away, on the Oregon coast. If we didn’t have telehealth, it would be impossible to monitor them as closely as we do.”

Andersen said VA issues each telehealth patient a computer that allows them to send in their data—weight, blood pressure, blood sugar (if they’re diabetic), or oxygen saturation level—every day.

“I look at their data, and if their readings are off I call them and ask them some questions,” she explained. “For example, if you’re my heart failure patient and you’ve gained two or
Tele-ICU Offers ‘Second Set of Eyes’ to Monitor Patients

A “second set of eyes” can now monitor patients at VA hospitals across the VA Midwest Health Care Network, thanks to a tele-intensive care unit that opened on Aug. 2 at the Minneapolis VA Medical Center.

The integrated, Minneapolis-based team of critical care nurses and intensivists (doctors who specialize in critical care medicine) is now available 24/7 to aid patients and clinicians at VA hospitals in Fargo, N.D., and Omaha, Neb. VA hospitals in Iowa City and Des Moines, Iowa, and Black Hills and Sioux Falls, S.D., will be added to the monitoring system within the next few months. When the system is complete, 75 ICU beds will be monitored from Minneapolis.

The opening of this Regional Tele-ICU Center is the first for VA and the first Minnesota-centered tele-ICU program.

“"Our job is to collaborate with the bedside team," said Dr. Robert Bonello, medical director of the program. "This high-tech service greatly improves Veterans’ access to highly skilled intensivists by placing them in the patient’s room via audio and visual telecommunications software. We aren’t replacing bedside clinicians or bedside care. Instead, we provide an added layer of support in managing a high-risk patient population.”

The tele-ICU, located in a quiet and restricted area on the fourth floor of the hospital, is equipped with a bank of monitoring screens that show vital signs (heart rate and blood pressure) and lab values. There is a live two-way audio-video feed. The video resolution is so fine, intensivists can see pupils constrict in response to light.

With several large monitors showing data and the patient simultaneously, clinicians have all of the clinical data immediately at hand during a time-critical consultation.

“The bottom line—we can now provide Veterans with the best care possible, using the latest technologies combined with the best skills of experienced doctors and nurses,” said Bonello.

A study published by University of Massachusetts researchers in the May 16 issue of the Journal of the American Medical Association showed that tele-ICU improved care delivery and resulted in lower hospital and ICU mortality and shorter hospital and ICU lengths of stay. - Ralph Heussner

three pounds overnight, I’ll ask you what you’ve been eating, or whether you’re taking all your medications. By monitoring you every day, I can catch little things early, before they develop into big things. I can tell you if you’re eating something that’s not good for you, or I can have you adjust one of your medications.

“My goal is to keep you out of the hospital—keep you home, and keep you healthy,” she added.

Jerry McDaniel, 80, served in the Navy during the Korean Conflict. A host of chronic health issues makes it exceptionally difficult for him to leave his house in Sutherlin, Ore. So for him, telehealth is not just a convenience, but a necessity.

“I can hardly get in the car; my wife does all the driving,” he said. “I can’t get out of bed without my wife’s assistance—I can’t do anything without her help. I wouldn’t be able to get to the VA to save my life, so the telehealth program is wonderful. I couldn’t do without it. They monitor my blood pressure, my heart, my diabetes, my oxygen content.”

“I have a lot of pain,” he continued. “Sometimes you get to a place where you’re just about ready to give up. Most of the time I feel I’m at the end of my road. But as long as I’m breathing, I’m still fighting, and the VA is helping me with that fight. They’ve taken good care of me.”

By Tom Cramer
Damaging winds, coastal flooding, power outages and tunnel closures are just some of the warnings sounded with the approach of a hurricane in the Hampton Roads area of Virginia.

On Aug. 23, the Hampton VA Medical Center began receiving ominous weather forecasts concerning the arrival of Hurricane Irene. Hampton leadership found itself in an all-too-familiar predicament. Perched on a beautiful but exposed spot along the banks of the Chesapeake Bay, the historic campus stands vulnerable to Mother Nature’s destructive powers.

In 2003, the medical center suffered significant damage from flooding due to Hurricane Isabel’s tidal surges, winds and hammering rains. As Irene made its way up the East Coast, many Hampton employees recalled the disastrous events that accompanied Isabel. With Hurricane Irene’s predictions of landfall as a category 3 hurricane, Hampton leadership wasted no time in activating its Incident Command Center.

“We knew what was coming,” said DeAnne Seekins, medical center director. “The question was not if it would hit us, the question was how bad it was going to be. The original plan was to shelter-in-place. We felt that if we could direct efforts to protect the main power entry point from flooding by using sandbags and water pumps, we would be able to weather the storm.”
The facility power entry point, while typically located away from the water's edge, remained vulnerable to flooding. In years past, when the area flooded, power could potentially be offline for a week.

“If we lost the switch, we could be out of commission for weeks,” said Scott Brown, Hampton VAMC chief of engineering, who explained that staff built up a wall of sandbags around the unit in an attempt to protect it from up to eight feet of flooding. “We knew that if the water rose above that, we were really going to be in a lot of trouble.”

Understanding the severity of a category 3 hurricane, the Incident Command team swung into full operation. Additional personnel were requested from outside the facility to assist in what was going to be a major weather event for the area. Leadership sent out a call to sister facilities in the VA Mid-Atlantic Health Care Network (VISN 6) and to the Veterans Health Administration Office of Emergency Management to aid the Hampton VAMC and brace for Irene’s impact.

“We reached out and asked for more VA police to come and help us because some of our officers at Hampton were called away because their homes were in mandatory evacuation areas,” said Mark Tartaglia, Hampton VAMC chief of police. “We really appreciated the VA police officers that volunteered to help us through the storm. Not knowing what was going to happen, they left their families to come here and give us a hand and we all pulled together.”

Russell Brockebough was one of the officers who made the long trip from the VA medical center in Salem, Va. He said that as soon as the call went out, he volunteered and was ready to go, recalling his own days of being stationed in the area as a chief warrant officer in the Coast Guard.

“My call came on Tuesday morning,” said Deneen Carter-Coleman, VHA Office of Emergency Management area emergency manager. Carter-Coleman is an onsite liaison between local community emergency managers, VA Central Office and state-level organizations. “I received a call from Hampton’s director, who asked if I could come and assist.”

A 14-year veteran as an emergency manager, Carter-Coleman explained that each VA facility is different in their handling of emergencies and praised Hampton’s coordination and approach to Irene. She explained that the decision was immediately made to decompress the facility’s census by conducting a partial evacuation that included Veterans housed in the Spinal Cord Injury Unit, Domiciliary and Mental Health.

Two days before the storm, 161 patients had been safely evacuated in a choreographed plan that was executed with precision. Sister VA facilities in Richmond and Salem, Va., and the VAMC in Martinsburg, W.Va., received the Veterans and accompanying staff.

“By decompressing the campus, we are able to focus our attention on the remaining patients and keeping everyone safe,” said Seekins, stressing that the number one goal was to ensure that the staff and Veterans at Hampton were kept out of harm’s way. “Our Hampton staff has proven on numerous occasions their ability to work closely as a team, and their integrity, commitment to serve our Veterans, advocacy, respect and excellence were truly evident.”

“Hampton did it right,” said Carter-Coleman, noting one new twist to the emergency event this time around. “The one thing that I have never seen...”
Top: Hampton VA Medical Center staff built a wall of sandbags around the facility's power entry point to protect it from flooding; above: Cristina Tan, administrative resident to the director, used her “techie” skills to post photos and videos to Hampton’s Facebook page throughout the ordeal.

done before was how Hampton used Facebook to communicate throughout the entire storm. It was like having our very own news station onsite during the whole thing.”

Carter-Coleman added that in all of the emergency events she has participated in over the years, she had never experienced the level of engagement with VA staff, Veterans, families and friends who followed the entire event on Facebook.

According to a recent article in Consumer Reports, the Internet’s social media outlets, such as Facebook, Twitter, MySpace and Google, have become our virtual lifelines—especially in times of major disasters, such as Hurricane Irene, which affected many parts of the country.

In addition, two recent American Red Cross surveys reported an increasing number of Americans are turning to social networks during major events. Findings revealed that 80 percent of those surveyed said they expect first-responders to monitor social media sites during major emergencies. More than one-third of those expect help to arrive within an hour of posting help on a social media site, and 24 percent said they would use social media tools to tell others they were safe during an emergency.

“My brother in Boston said that he followed everything that was going on at the hospital,” said Carter-Coleman. “He said that for the first time, he wasn’t worried because he could see exactly what was happening.”

During the week of the storm, there were more than 4,500 hits to the Hampton Facebook page, with a significant number of followers being staff and their family members. The public affairs team generated 46 posts, eight videos and more than 150 photos to ensure communications were flowing both within the facility and out in the community.

“My sister and mother in South Carolina followed everything that was going on at the hospital,” said Benita Stoddard, associate director of operations at Hampton. “They said they weren’t worried because we were constantly posting Facebook updates and they just waited for the next one and also posted their encouraging comments.”

With VHA’s encouragement to medical centers to use social media as a tool in their communication kits, the Hampton VAMC had just activated its Facebook fan page a few weeks earlier. Prior to the storm’s arrival, staff received messages encouraging them to check out Facebook and urging them to share the link with their families and friends. When interviewed by media, Director Seekins encouraged the community to visit Hampton’s Facebook page for frequent updates.

The timely flow of information kept Veterans, employees, families, friends and the public informed. Additionally, the flow of information resulted in fewer incoming calls to the facility during the hurricane.

“It’s critical to be able to have an open line of communication with staff and family members—especially during an emergency,” Stoddard said. “Facebook was our vehicle and we continue to receive feedback from people about how well it worked and thanking us for keeping them in the loop.”

Once the storm had passed and all Veterans had safely returned to their Hampton VAMC home, Facebook postings continued to recognize staff members and their selfless efforts during the crisis. Leadership wanted to ensure that employees were publicly thanked for their commitment to caring for the nation’s heroes—even when in harm’s way. Check out the postings at www.facebook.com/Hamptonvamc.

By James Coty
Understanding the Mission

The IT Welcome Program prepares new hires to work in a customer-centric organization whose primary focus is serving Veterans.

In January 2011, the VA Office of Information and Technology officially launched the IT Welcome Program, an onboarding program for new hires and transfers to OIT. Designed to complement existing local orientation and onboarding programs, IT Welcome prepares new hires for working in a customer-centric organization whose primary focus is ultimately serving Veterans.

The premise behind IT Welcome is that providing new employees with the resources they need—including meaningful networks—allows them to embrace and navigate toward their own success. Employees who have completed the program report the skills acquired through IT Welcome are helping them in their career at VA.

IT Welcome, however, is not merely designed to enable employees to complete daily tasks with ease and efficiency in compliance with federal employment rules, but to go a step further. One of the guiding principles of the program is awareness, or familiarizing every new OIT staff member with the Department’s mission, vision and values.

An overwhelming majority of new hires participating in the IT Welcome Program report a greater awareness of VA’s mission, vision and values, and a better understanding of how their roles contribute to overall VA strategy. One recent participant commented, “Before I came here, I had a job. Now I have a mission.”

According to Director of IT Workforce Development Terri Cinnamon, “IT Welcome is a great way for new OIT employees to understand and appreciate the important work that we do here at VA. It emphasizes our focus and dedication to serving Veterans. During IT Welcome, employees start to see the big picture and understand how they fit into that picture.”

IT Welcome is anchored in a quarterly, three-day New Hire Orientation which allows new hires to...
get answers to many of their initial questions, provides opportunities to begin building personal networks within OIT and across multiple locations, and allows them to understand VA's mission and vision. The program also consists of a welcome packet, peer group learning circles, and an IT Welcome page on the IT Workforce Development portal. To date, IT Workforce Development has hosted four New Hire Orientation sessions in six different smart classroom locations across the country.

The first day of the session, entitled “Ready!” (Days 2 and 3 are “Set!” and “Go!” respectively) focuses on the history, culture and direction of VA. Discussions surround VA's origin, place in the federal arena (including its more recent elevation to the Cabinet) and Secretary Eric K. Shinseki's transformational initiatives, among other topics.

Participants hear from IT leadership through recorded interviews. They are also encouraged to reflect on the evolution of VA and share personal anecdotes related to their role and how they contribute to major efforts across the organization.

Throughout the three days, videos of powerful, real-life Veterans' stories are also shown, demonstrating how VA has furthered the lives of countless Veterans. By learning about, and seeing first-hand, the impact VA has on Veterans, employees gain a better understanding of the organization and their role in it.

The program also exposes new hires to core competencies, important not only to enhance their professional development and build the foundation for a successful career in OIT, but also to the success of the organization in meeting its vision: To provide Veterans the world-class benefits they have earned and to do so by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability and stewardship.

Core competencies include Customer Service, Veteran Service Motivation, and Integrity/Honesty. These competencies can be developed through an expansive array of training opportunities provided by IT Workforce Development. Continuous development of these competencies supports VA's commitment to address its major initiatives and become a more Veteran-centric organization.

Other elements of the program, such as the New Hire Welcome Packet and IT Welcome Portal, provide new hires with access to multiple internal resources immediately after they come on board, educating them on VA's history, organizational structure and myriad of service offerings and training opportunities. The Welcome Packet contains a customized letter from VA's Chief Information Officer Roger Baker welcoming each new hire to VA, a DVD of inspiring Veterans' stories, a New Hire Roadmap offering employees a step-by-step progression of their first six months with OIT, a New Hire Checklist, an overview of VA and the numerous training opportunities available through IT Workforce Development, and an article entitled “How to be a Good Learner,” guiding new hires on how to best manage the learning process through their careers with OIT.

Through IT Welcome, IT Workforce Development hopes new hires will add value to their project teams by contributing both perspective and institutional knowledge to the tasks they undertake. Along with their supervisor, new hire coordinator and new hire advocate (three key players in the program), new hires are not only prepared to contribute to VA, but have an understanding of how their contributions impact Veterans. IT Welcome enables new hires to make that critical connection in a meaningful way, positioning them for both influence and success at VA.

The IT Welcome Program was developed and is maintained by IT Workforce Development. Since launching in January 2011, it has realized significant success, earning a Communicator Award: 2011 Silver Award of Distinction for creative excellence of the IT Welcome Packet. The IT Welcome Packet was also recently announced as a finalist for the 2011 Thoth Award, which recognizes outstanding strategic public relations work.

For more information about the IT Welcome Program, visit vaww.infoshare.va.gov/sites/ittrainingacademy/itwelcomeprogram or email vaitwd@va.gov.

By Becky Stanley
The Newest Hot Spot for Millennials

VA was recently ranked the number one agency to start a federal career by employees under age 30. What draws this new generation?

A new generation of employees is making its way into the Department of Veterans Affairs. Commonly known as the Millennial generation, they came of age in a diverse and fast-paced world that is more wedded to technology than ever before. With their arrival, VA’s Office of Human Resources and Administration has made a dedicated effort to make VA an appealing destination for this next generation of talent.
These efforts are already paying dividends. In a report recently published by the Partnership for Public Service, a non-partisan, nonprofit organization, VA was ranked the number one agency to start a federal career by employees under the age of 30, surpassing other highly esteemed agencies such as the Department of Defense, the State Department, and the Nuclear Regulatory Commission.

This ranking reinforced VA’s recent efforts to appeal to younger employees under the leadership of Assistant Secretary for Human Resources and Administration John U. Sepúlveda. “This ranking is a reflection of three major factors: VA’s unique and compelling mission; our unprecedented investment in our employees; and our strong commitment to diversity, including generational diversity,” said Sepúlveda.

Since 2009, the Office of Human Resources and Administration has made concerted efforts to nurture the development of new employees as part of the effort to transform the Department into a 21st-century organization. Through ADVANCE, an initiative to invest in VA’s workforce to better serve Veterans and their families, HR&A has implemented new programs and initiatives to train hundreds of thousands of VA employees. ADVANCE initiatives also include efforts to recruit, retain and reintegrate Veterans into the workforce; modernize the hiring process; and promote diversity, Alternative Dispute Resolution and health and wellness Department-wide.

As a part of ADVANCE, HR&A has taken specific actions to improve its efforts with students and recent graduates. In 2010, HR&A led a Task Force on Multigenerational Recruitment and Retention to address challenges facing younger employees and provide actionable recommendations to the Assistant Secretary. The task force recommended an increased focus on student internships, and has led to the creation of new programs and online tools to facilitate increased use of student internships in workforce planning.

One of these new programs is the Innovation Intern Program, designed to offer new Veterans returning from service high-level internship opportunities in VA Central Office. This program intends to attract the next generation of top Veteran talent by providing participants with dedicated project budgets of $3,000 and a mission to bring innovation to VA.

“To succeed in the 21st century, VA must have access to the unique talents and innovations of the 21st century’s next generation of employees, the Millennial generation,” said Andre Castillo, organizer of the task force and program lead for the Innovation Intern Program. “This Innovation Program does so by empowering the next generation to change and improve VA.”

Through its Office of Diversity and Inclusion, HR&A is leading efforts to recruit from diverse communities, including students, people with disabilities, Hispanics, African-Americans, Asian-Americans and Native Americans. In fiscal year 2011, ODI recruited and placed 150 student interns throughout the Department through its National Diversity Internship Program. “The best outcome of VA’s recognition as a best place to start a federal career is that it reaffirms our efforts to reach out to our new and young employees from all backgrounds,” said Timisha Agramonte, director of ODI’s Outreach and Retention Program.

Partnering with ODI in these efforts is HR&A’s Office of Human Resources Management, which works actively to market VA as an employer of choice to students. “We are continuously doing outreach to colleges and universities all around the country, mentoring and teaching students what VA is all about,” said Edith Perry, team leader of HR&A’s Marketing and Recruitment division.

In 2011, VA also brought in a record 47 employees through the Presidential Management Fellowship Program, a premier leadership development program that provides federal agencies highly-qualified candidates who have just completed their graduate degrees. VA’s PMF efforts are overseen by Lisa Allison-Lee in HR&A’s VA Learning University.

As the Partnership for Public Service ranking reflects, these initiatives and programs have not gone unnoticed or unappreciated.

“My experience here at VA has been great and an excellent learning experience,” said Jennifer Ardon, an intern within HR&A’s Office of Resolution Management and current college student. “Over the course of my internship here at VA, I’ve gained invaluable experience that will only help me grow as a young professional. Most importantly though, I’ve been given the opportunity to help in some capacity with what our whole Department is about, and that’s the men and women who have served our country.”

While VA is fortunate to already be playing a leading role in appealing to this next generation of employees, HR&A’s leadership understands that there is still much to be done. “For the Department to be able to provide our nation’s past, present and future Veterans with the best care and service,” said Assistant Secretary Sepúlveda, “it is essential that VA do more to recruit Millennials and open avenues for students and recent graduates to come to VA.”
“There’s no magic pill with PTSD,” said Iraq and Afghanistan Veteran William Mulvey. But there are dolphins.

“It’s very peaceful when you get in the water,” said Mulvey. “It’s stress-free and it brings out playfulness, happiness.”

Mulvey, a 32-year-old Navy Veteran from Homestead, Fla., is receiving care for post-traumatic stress disorder and traumatic brain injury from his combat experiences at the Bruce W. Carter VA Medical Center in Miami.

Two years ago, Recreation Therapy Service at the Miami VA was offered the opportunity for combat Veterans and their families or caregivers to swim with dolphins by Island Dolphin Care Inc., a nonprofit organization in Key Largo, Fla.

“For the past few years, we’ve been working with Veterans coming back from Iraq and Afghanistan and that’s an honor and a privilege for us,”
said Pete Hoagland, Island Dolphin Care manager and co-founder. “We’ve even seen some vets from the Vietnam conflict, and last week we had some vets from Korea and World War II, which was just amazing.

“To put a smile on all those people’s faces and give them an idea that hope lives, that joy is something you need in your life, is just a wonderful thing,” he added.

Kim Severance oversees the marine science education and Veterans programs. She said the Veterans have provided consistently positive feedback. “The number one response has been, ‘I can’t believe how good I’ve felt after, or for two weeks afterwards.’”

Some research has been published regarding the effects of swimming with dolphins, according to Tabitha Aragon, recreation therapist for the Post-Deployment Clinic at the Miami VA Healthcare System. Aragon said the basic data they’ve collected so far show overall improvement in anxiety and depression levels after just the one-day program.

“It’s the excitement and motivation of being in this environment with these incredible animals that is such a powerful tool,” Hoagland explained. “We use it to create opportunities for children and young adults with special needs and challenges, disabilities, life-threatening conditions, kids from ‘Make-A-Wish’ and similar organizations, and our Veterans.

“But it’s expensive—just maintenance and electric bills, water bills, all that stuff. It’s about a million-dollar-a-year budget,” Hoagland continued. He added that Island Dolphin Care receives strong local community as well as national philanthropic support but is always in need of additional funding.

Much of that support goes toward paying for individual and group scholarships that allow those who otherwise could not afford the sessions the opportunity to experience the dolphins.

“Island Dolphin Care fund-raises and gets grants for the entire [VA] program,” said Aragon. “No money comes from the Veteran or the VA.”

Island Dolphin Care was created 20 years ago out of a parent’s desire to improve her son’s life. Deena and Pete Hoagland’s son Joe was born with a heart defect that required multiple surgeries to correct. After his third open-heart procedure, Joe suffered a stroke that paralyzed his left side.

Deena, a licensed clinical social worker and therapist, thought Joe would respond better to water therapy. She asked Dolphins Plus, one of the oldest commercial “swim with dolphins” programs in the United States, if she could try with her son.

Joe met a 600-pound Atlantic bottlenose dolphin named Fonzie, and the effects were almost immediate. Deena recognized that what worked for Joe could help others as well. Gradually, Island Dolphin Care evolved into the nationally recognized dolphin therapy program now benefiting Veterans.

“We’re all about taking broken lives and helping them move in a positive direction,” said Hoagland. “It’s truly an honor and a privilege to work with these men and women that have given so much for us. I can’t think of a better job than to work here and help make those programs successful.”

To learn more about the dolphin swim therapy program, call Miami VA Recreation Therapy Service at 305-575-3295 or email Richard.Vroman@va.gov.

By Larry Gilstad
Gill Gallo and Juan Vargas have much in common. Each was conscripted into military service. Each gave a portion of their lives to providing dignified burials to fallen warriors. And each chose to make San Antonio, Texas, their home after living a somewhat nomadic life.

What separates them is about a century and a half. Gallo, director of Fort Sam Houston National Cemetery in San Antonio, has dedicated his life to serving the nation in military service and caring for its departed warriors. His ancestors crossed the Rio Grande into Texas before it became a state, or even an independent republic. But when asked about his ethnic heritage, he doesn’t say “Mexican.” He says, proudly, “Aztecan.”

He only recently began learning some of the details about his ancestors and how they came to Texas’s “River City.”

“Learning of my historical links to the past has enriched my sense of humility and appreciation of my life and my family,” said Gallo. “A cousin of mine, Dolores Tamez, initiated the research, in part because she was seeking membership into the Daughters of the Republic of Texas, the group that takes care of the Alamo. To gain membership, you have to be related to someone from that era.”

Centuries before Gallo became a cemetery director, the Aztecs inhabited what is now Mexico City and the Valley of Mexico. From the city they called Tenochtitlán, they oversaw an empire stretching from the Gulf of Mexico to the Pacific Ocean, and developed a creative culture that used art as an expression of both religion and warfare.

This was an advanced civilization with strong religious beliefs. Camaxtli was their god of war, hunting, fire and fate. They believed Camaxtli led warriors slain in battle and human sacrifices to the eastern sky, where they became stars. Although the Aztec empire fell to Spanish Conquistadors, true Aztec descendants continued to thrive.

In January 1796, a true Aztec descendant named Juan Vargas was born in the state of Oaxaca, Mexico. At the age of 14, he joined Padre Miguel Hidalgo in his ill-fated revolt at the village of Dolores. Vargas fought until the Spanish captured and executed Father Hidalgo.

Hidalgo's rebellion began what would become the Mexican War of Independence. Although he was unsuccessful in his original aim, others followed Hidalgo’s efforts with revolts that brought down the Spanish colonial governments in Mexico. Hidalgo is revered as the Father of the country, and the small town where he was parish priest was renamed Dolores Hidalgo once Mexico gained its independence.

Vargas set out to return to his village in Oaxaca, but he never made it home. Other rebels captured him and forced him to fight for Agustín de Iturbide, who did not champion the rights of the poor and native people as Hidalgo had.

Iturbide would later come to rule Mexico as Emperor Agustín I in a short-lived and unpopular dictatorship. Not knowing why he was fighting, Vargas escaped and traveled to Monclova in the northern Mexican state of Coahuila, where he met his bride, Perfecta de La Cruz. The two Aztec descendents migrated to San Antonio around the year 1830 to escape unrest during a period of numerous revolts and coups.

Not long after, Vargas was forced into service once again, this time by the famous revolutionary Gen. Antonio López de Santa Anna. Refusing to fight against his fellow Texans, Vargas was forced to help with the wounded Mexicans and bury the dead. He interred many Mexican soldiers in graves near the Alamo. True to the beliefs of his Aztecan ancestors, Vargas saw Camaxtli fill the sky with stars as the Alamo fell in 1836.

After the Battle of the Alamo, Juan Vargas’s fortunes changed. He acquired land on the east side of San Antonio and gained wealth. Toward the end of his life, Vargas built a chapel on his land named Our Lady of Perpetual Help, which is still in use today.

Vargas lived a long, prosperous life, and left many descendants. Born in the late 1700s, Vargas died in August 1910 at age 114. Once forced to dig graves, Vargas unknowingly began a family tradition.

In 1887, Vargas’s great-grandson,
Juan V. Apolinar, was born to Locadio and Anita Apolinar.

Like his great-grandfather, Apolinar dug graves as a cemetery caretaker on the east side of San Antonio. Apolinar and his wife, Angelita Casas, had many children, including the adored Angelita Apolinar, who was named for her mother. Angelita Apolinar married Gilbert Gallo and together they had four children. Gill Gallo was their firstborn.

More than 150 years after Juan Vargas fought in battle, his descendant Gill Gallo was drafted and chose to serve in the Air Force. When his commitment was over, Gallo continued to serve, finally retiring after 20 years of service. In 1987, he began a new career with VA, starting with the VA medical center in San Antonio for two years. In 1989, Gallo applied for a cemetery director position with the National Cemetery Administration.

His training took place in his hometown of San Antonio at Fort Sam Houston National Cemetery. Gallo, along with his wife, Amparo, and their three children, soon found himself traveling around the country as he moved from cemetery to cemetery doing his best to serve and honor American warriors, including three tours in Oregon, two in California and one each in Illinois, New Mexico and Texas. In 2010, Gallo jumped at the opportunity for another assignment in Texas, this time to lead the historic national cemetery in his hometown, where he had learned the skills of a “cemeterian” two decades earlier.

“Returning to my hometown after an absence of 40 years and learning of my family history has been educational and profoundly enlightening,” said Gallo. “San Antonio is a city rich in diversity and history. When I arrived back in San Antonio, I visited Vargas’s grave, the church he built, and the ancestral homes of many relatives. Seeing the places, sites and historic buildings where my ancestors lived and forged values that have been passed on to me and my family has been a sobering and humbling experience.”

It may be pure coincidence that Gallo became a cemetery director. But it also may be that Camaxtli, the god of fate to his forebears, played a role. As Vargas dug graves at the Alamo and his grandfather worked as a cemetery caretaker, so now does Gallo serve in this honorable profession. Recent genealogical research has revealed that another Vargas descendant currently owns and operates a cemetery on the east side of San Antonio. This discovery has the Vargas, Apolinar and Gallo families theorizing that maybe caring for the deceased and preserving their history is their family’s destiny.

“I can now understand that I have come full circle in my life with a surreal comprehension of the nature of that journey,” Gallo added. “I now understand why I have a strong commitment, dedication and passion to serve my country in the honorable profession of providing dignified burials for our nation’s Veterans.”

By Jacqueline Salame and James Rich
RyAnne Noss had been married for a little more than three years when her husband Scot was severely injured in a Chinook helicopter crash in Afghanistan. He survived, but suffered severe traumatic brain injury and polytrauma wounds. RyAnne’s life was instantly transformed.

“I had no way of knowing what was going to happen,” RyAnne said at a panel presentation of three caregivers at the National Caregiver Support Conference held in Washington, D.C., in August. “It was my calling to be Scot’s caregiver.”

The audience was comprised of Caregiver Support coordinators, staff from VA’s Chief Business Office and many others involved in VA’s Caregiver Support Program, which is in effect at all VA medical facilities throughout the country. The conference was held to continue training VA staff on the vital role of family caregivers, and VA’s Caregiver Support Program and its many components. Caregivers most often are family members, caring for Veterans from all eras.

RyAnne told the audience that Scot first went to the National Naval Medical Center in Bethesda, Md., and then to the Tampa VA Polytrauma
She worked through VA’s caregiver support services and Tricare to get the special equipment and assistive devices Scot would need at home. RyAnne also receives support and assistance from VA’s non-institutional care programs to help care for Scot at home and give her breaks.

“I am very proud to say the country has recognized the importance of caregivers and is rallying behind us with much-needed support,” RyAnne said.

VA’s Caregiver Support Program provides benefits and support services for family caregivers nationwide who ensure that Veterans have emotional and physical support, access to health care, and the opportunity to remain in their homes when they can no longer completely care for themselves.

Through the program, family caregivers receive care and services based on their situation and their needs, as well as the needs of the Veteran they care for.

When Donnetta Hobbs’s husband Tony, a World War II Navy Veteran, returned home from the hospital after a blood clot in his leg, his ability to walk was very limited. Because her husband is tall, Donnetta had great difficulty helping him from his bed to his lift chair or taking him to the hospital. But she wanted to be there for him all the way.

Donnetta tried to take care of him on her own. She started receiving monthly visits from the Home Based Primary Care nurse and social worker, and began to realize there were services available through VA that could help her.

The VA Northern Indiana Health Care System provided her with a Hoyer Lift to assist her in getting her husband in and out of bed on her own, enabling her to continue caring for him at home. “We would be lost without that lift,” she said.

She was told by some that he might have to go to a nursing facility. She was determined not to let that happen.

It became her goal to return with Scot to live at home in Birmingham, Ala. More than three years later, RyAnne saw her dream come true. Last year, she and Scot moved into their new home in a Birmingham suburb that was built by Homes for Our Troops, a nonprofit organization that builds new homes or adapts existing homes to make them accessible for severely injured and disabled Veterans.

Donnetta is able to provide needed care for her husband at home because a home health aide assists her husband with bathing, grooming, dressing and transfers. She began using VA’s in-home respite program to take care of her husband and give herself a break, freeing her to leave the house for grocery shopping and other errands knowing her husband is being taken care of in her absence. The Respite Program also provided care for her husband during a time when she was ill, giving her needed time to recover.

The greatest reward for her now is having her husband at home so they can be together and maintain their strong, caring relationship. While caregiving for him has its challenges, she readily shares that she wouldn’t have it any other way.

Though individual situations vary, there are literally thousands of similar stories nationwide. Teresa Murphy has been a caregiver throughout her life in one way or another, from raising children to caring for her grandmother to working as a caregiver for the state of Idaho.

But her role changed dramatically three years ago, after her husband Michael, an Iraq war Veteran, was left immobile except for the use of one arm as a result of spinal injuries.

“Caregivers need to take care of themselves if they are going to take care of someone else,” said Kelly Kirby, a Home Based Primary Care social worker who has provided support and assistance to Teresa, ensuring she gets the help she needs.

The Caregivers and Veterans Rehabilitation Center. She was told by some that he might have to go to a nursing facility. She was determined not to let that happen.

RyAnne Noss worked through VA’s caregiver support services and Tricare to get the special equipment and assistive devices Scot needs at home.
Omnibus Health Services Act of 2010, signed into law by President Obama on May 5, 2010, allows VA to provide unprecedented benefits to family caregivers of Veterans severely injured in the line of duty post-9/11. The new caregiver law (P.L. 111-163, Title 1) directly benefits family caregivers by establishing a comprehensive national Caregiver Support Program with a prevention and wellness focus that includes the use of evidence-based training and support services for family caregivers.

Each VA medical facility has a caregiver support coordinator who helps individual caregivers of Veterans obtain the benefits and services available to the Veterans they care for. Many VA programs in other areas are involved, such as Home Based Primary Care, and other home health options, home and vehicle adaptation, additional compensation in the form of aid and attendance, and equipment in the home. The caregiver coordinator also works closely with VA’s Patient Aligned Care Teams, or PACT, VA’s version of the medical home model of care, OEF/OIF/OND and Polytrauma teams, and others to ensure that family caregivers have the support and resources they need.

The caregiver support coordinator knows which programs are available and works with the caregiver to obtain needed benefits and services that apply to their situation. The caregiver support coordinator is also a resource who can help caregivers obtain care and benefits from state and local governments and from community organizations in the area where they live.

“Caregiver support coordinators are really the backbone of the program,” said Deborah Amdur, chief consultant of Care Management and Social Work Services in the Office of Patient Care Services, whose office runs the program. “Stationsed at each VA medical center around the country, they ensure that caregiver sensitivity and support is integrated into all clinical programs within VA, see that family caregivers of all eras get the benefits and services they need, and assist the seriously injured post-9/11 Veterans and their family caregivers through the application process for the new program.”

“Every day is a new adventure,” said Mollie Snyder, who worked on one of the pilot projects for the caregiver program before becoming the full-time caregiver support coordinator at the Cincinnati VA Medical Center. “It’s ever-changing, ever-expanding.”

She said many caregivers don’t ask for a lot of help until things get really rough.

“My response is to meet those caregivers where they are and help them with what they are looking for,” she said.

PL 111-163 allows VA to provide additional services and programs for the family caregivers of eligible post-9/11 Veterans, including a stipend paid directly to the primary family caregiver and health care coverage through VA’s CHAMPVA program if the primary family caregiver does not already have health care coverage. Veterans and family caregivers can apply for the new program by visiting VA’s caregiver support website, at www.caregiver.va.gov, and completing the application online, or by contacting 1-877-222 VETS (8387).

One of the key components of this new program is comprehensive training and education for family caregivers. VA has partnered with Easter Seals to develop this core curriculum for family caregivers. Training is available in person, at home using a workbook and DVD or online using a Web-based format. Caregivers are trained in key areas such as home safety, basic skills such as taking vital signs, medication safety, and VA and community resources that are available. Topics also include information on legal issues such as guardianship and power of attorney. There is a segment on advocacy—an important skill for family caregivers—and a significant focus on self-care for caregivers.

VA began accepting applications on May 9, 2011, and as of Sept. 30, 2011, more than 2,400 applications had been received. Of those, more than 1,300 have been approved, and those family caregivers have now received stipends. These numbers grow every day as VA’s caregiver support coordinators continue to work with Veterans and their family caregivers across the country.

The program involves much more than a stipend paid directly to the
family caregiver. There is also health care coverage for caregivers who do not already have it, and mental health services. There are a lot of intangibles that caregivers need. Taking the time to invest in those caregivers is what Snyder does every day.

“If we don’t look at caregivers as individuals, then we really haven’t done a very good job,” Snyder said.

In addition to information about applying for the post-9/11 services, VA’s Caregiver Support Program website provides a number of additional resources that can be used by caregivers of Veterans from all eras, including a zip code-based interactive caregiver support coordinator locator; contact information for VA’s toll-free Caregiver Support Line (1-855-260-3274); and links to applications for new benefits/services with live chat support and caregiver support “connections” with peer caregivers.

The VA Caregiver Support Program established the Caregiver Support Line on Feb. 1. The support line is open from 8 a.m. to 11 p.m. Eastern time, Monday through Friday, and on Saturday from 10:30 a.m. to 6 p.m. Eastern time, with backup from VA’s Crisis Hotline during off-hours.

The line is staffed by licensed social workers who provide support, answer questions about programs and services available to family caregivers, and provide referrals to the caregiver support coordinator at the closest VA medical center. Since its inception, the support line has received more than 18,000 calls, averaging more than 50 calls a day.

The Caregiver Support Program is expanding its services into specific specialty care areas, such as Alzheimer’s disease and dementia. Caregivers of Veterans with dementia often face memory problems, behavior problems, and the need to provide basic physical assistance with activities of daily living, such as grooming. Caregivers of family members with Alzheimer’s typically report feeling overwhelmed, frustrated, cut off from family and friends, lonely, and are prone to bouts of crying.

The REACH VA (Resources for Enhancing All Caregivers Health in VA) program, based on research funded by the National Institutes of Health, is being implemented in VA for caregivers of Veterans with Alzheimer’s disease and spinal cord injuries/disorders. In a pilot study of the REACH VA model for Alzheimer’s caregivers at 24 VA medical centers, caregivers reported reduced depression, burdens and frustrations. They also reported a decrease in the number of troubling Veteran dementia symptoms.

VA is currently rolling out REACH VA Dementia on a national basis through Home Based Primary Care programs across the country. In addition, the program has been modified to assist caregivers of Veterans with other diagnoses, including spinal cord injuries/disorders and traumatic brain injury. The REACH VA SCI/D pilot started in October.

The Caregiver Support Program will begin providing support to spouses of Iraq and Afghanistan Veterans as well. Based on research funded by the Defense Health Program and managed by the U.S. Army Medical Research and Material Command, the Spouse Telephone Support program is designed to help spouses of post-deployed Veterans develop a clearer understanding of the emotional and physical reactions to being in a combat setting and build up their own resilience to cope with reintegration challenges. Spouse Telephone Support will be implemented at 13 pilot sites across the country beginning in October.

“VA has brought together a wide array of resources and services that provide direct support for our family caregivers,” Amdur said.

The Caregiver Support Program has partnered with many programs throughout VA and in the Department of Defense to ensure that family caregivers eligible for support and services receive the assistance they need. One partner is the Federal Recovery Coordination Program. Federal recovery coordinators are located across the country to assist the most seriously ill and injured service members and Veterans by coordinating services and assisting their family caregivers.

“We have to understand that every family member is suffering from secondary trauma,” said Mary Ramos, federal recovery coordinator at the San Antonio Military Medical Center during a panel at the National Caregiver Support Conference.

“Injury does not just happen to a person, it happens to a community. It happens to a family. It happens to a unit of people who care about each other. We are giving hope to those who are caring for our most precious resources.”

Compiled by Bill Outlaw
A Plea for Plain Language

Melodee Mercer has been a warrior in the effort to bring clear language to government writing.

Over the years, many people and several presidential administrations have pushed for clearer government language. As a matter of fact, efforts for plain language use in government documents can be traced back to post-World War II, and a book called Gobbledygook Has Gotta Go, by Bureau of Land Management employee John O’Hayre. In the 1970s, President Nixon made a declaration for the Federal Register to be written in “layman’s terms.”

In the 1990s, plain language became a high priority again, under President Clinton. It became such a priority that he issued a Presidential Memorandum that established plain language as a requirement for federal employees, and government agencies were given a deadline to implement it.

“We were a small group of federal employees tasked with writing the memo,” said Melodee Mercer, an insurance specialist with the VA Insurance Center in Philadelphia and a pioneer in the federal government’s plain language movement.

The use of plain language in government documents has risen to the forefront once again with the signing, on Oct. 13, 2010, of the Plain Writing Act of 2010 by President Obama. The act required agencies to restructure their communication in a way that the public could understand and use.

Plain writing may be a fairly new concept for some government offices, but for the VA Insurance Center, it has been a way of doing business since the mid-1990s. Prior to President Clinton’s memorandum, the Insurance Center was taking its own steps to revamp its language. In 1993, the center held a training session, in which Mercer took part. Following the training, she and other attendees were tasked with creating a program for the entire Veterans Benefits Administration to use in its efforts to better communicate.

As a member of the VBA Simplified Communication Task Force, Mercer was a founder of VBA’s Reader Focused Writing program, which earned praise and a Hammer Award from Vice President Al Gore, along with several No Gobbledygook awards. It’s no surprise, then, that VA’s Acquisitions and Logistics and Information and Technology offices solicited the help of Mercer in the creation of a plain language program.

“My goal is to teach somebody in every office how I do what I do so that we’ve got experts everywhere,” said Mercer. “That way, it becomes part of the culture.”

Mercer taught Reader Focused Writing for five years, training more than 7,200 VBA employees. She also helped several other agencies with their programs, including the Federal Aviation Administration, Internal Revenue Service, Department of Defense and Department of Agriculture.

Mercer has been involved with the Plain Language Action and Information Network (PLAIN), a group of federal employees from different agencies and specialties who promote the use of plain language for all government communications, for more than 15 years. She wrote most of the letter-writing guidance on the group’s website, at www.plainlanguage.gov.

She has also been involved with the Center for Plain Language, a non-profit group that advocates for clear and understandable government and business documents, since its inception and is a founding member of its board. The website, at centerforplainlanguage.org, offers a host of resources and information to help agencies deliver clear and understandable language to their customers.

The Office of Information and Regulatory Affairs in the Office of Management and Budget worked in collaboration with both groups to develop final agency guidance on the law signed last October. Among other things, the guidance, issued on April 13 of this year, required agencies to have plans for plain language in place by July 13, and by Oct. 13, documents covered by the law must be written in plain language.

“At VA, our concern is advocating for veterans,” said Mercer, “and not writing clearly is not advocating for veterans.”

By Tiffani Long

Melodee Mercer
Karoly Czinege has lived a life that most couldn’t begin to fathom. Originally from Budapest, Hungary, Czinege fought the Russians as a civilian freedom fighter during the Hungarian Revolution in 1956.

A year later, he came to the United States alone as a political refugee and joined the Army in 1959. He served four tours of duty in Vietnam and earned a Purple Heart and three Bronze Stars.

Czinege, who lives in Muskogee, Okla., will never forget the day that earned him his Purple Heart—March 18, 1969. While serving as a tank commander in Vietnam, his unit was attacked by a massive human wave of North Vietnamese soldiers.

“They just came and came and we kept on shooting them and shooting them,” said Czinege.

During the fighting, he was wounded by shrapnel when a rocket-propelled grenade hit the front of his tank. Decades later, the nightmares remain.

Diagnosed with post-traumatic stress disorder, Czinege has undergone both inpatient and outpatient treatment for PTSD at VA medical centers, including the Jack C. Montgomery VA Medical Center in Muskogee.

While undergoing inpatient treatment for PTSD in Little Rock, Ark., he mentioned to a VA doctor that he was better able to cope with his PTSD symptoms when he owned a wolfdog that died more than five years ago. Emotionally attached to the dog, Czinege decided not to adopt another pet.

“Somehow we got to talking about me losing that wolf and right away [the doctor] said ‘go home and get yourself a dog,” said Czinege.

After returning to Muskogee, he mentioned his conversation to Muskogee VAMC social worker Tom Potter, who then began a search for a suitable dog for Czinege, who wanted a black Labrador. Potter enlisted the help of social worker Dusti Johns, who began searching for dogs on Petfinder.com. Johns found Daphne, a 5-year-old black Labrador, who was trained to be a service dog.

At the urging of Potter, Czinege adopted Daphne in May and the two have been best friends ever since.

“She’s got me out of a slump, a big one,” said Czinege. “It’s night and day. I had her seven days and the silly dog was doing something and I bust out laughing. I hadn’t laughed in 20 or 30 years.”

Czinege said Daphne also makes him feel safer.

“It used to be that sometimes I would come into the house and I’m shaking like a leaf,” he said. “If she’s with me, she comes into the house first and when she comes back to the door, I know there’s nobody in there. That’s one of the positives. When the nightmares come, she has slept with me when it was real bad. She would lie right next to me, real close. She does more than drugs do, let’s put it that way.”

Potter has also noticed a positive change with Czinege.

“Since he’s had the dog, he’s had a decrease in his depression symptoms,” said Potter. “His words to me were that giving him something to care for and care about has helped him cope better. He feels safer at home knowing that the dog has his back.”

Pet therapy is not an official VA treatment for PTSD, and helping a Veteran find a pet is not routine for Muskogee VAMC social workers, but going the extra mile to help a Veteran who has given so much for the nation was important for Potter and Johns.

“As providers, we try to think outside the box and do whatever we can for the Veteran,” said Potter. “I think because we knew that he had a dog previously, had a great relationship with that dog and it was good treatment for him, we urged him to go in that direction again. We know the therapeutic value of pets. People who have had a lot of trauma in their lives really find peace with animals.”

By Nate Schaeffer
Twenty VA medical centers from across the nation were recognized by The Joint Commission in September as Top Performers on Key Quality Measures for 2010.

While all 152 VA medical centers are accredited by The Joint Commission, the list released Sept. 14 recognizes medical centers that are top performers based on The Joint Commission’s review of evidence-based care processes that are closely linked to positive patient outcomes. The 405 facilities on the list were identified for attaining and sustaining excellence in accountability measure performance for the full previous year (2010), and represent approximately 14 percent of The Joint Commission-accredited hospitals and critical access hospitals that report core measure performance data.

Based on performance related to 22 accountability measures for heart attack, heart failure, pneumonia and surgical care, The Joint Commission report singled out hospitals in 45 states. The list of top-performing hospitals and the measure set or sets for which each hospital was recognized are available online at www.jointcommission.org/topperformers.

“VA health care has been a leader in performance measurement, electronic health records, research and clinical quality for more than a decade,” said Dr. Robert A. Petzel, VA’s under secretary for health. “I am proud of the staff and I fully expect to see more VA medical centers making this list next year.”

The list of VA medical centers on the Top Performers on Key Quality Measures for 2010 includes:

- Phoenix VA Health Care System;
- VA Loma Linda (Calif.) Health Care System;
- VA San Diego Health Care System;
- Atlanta VA Medical Center;
- Boise (Idaho) VA Medical Center;
- Jesse Brown VA Medical Center, Chicago;
- Captain James A. Lovell Federal Health Care Center, North Chicago, Ill.;
- Robert J. Dole VA Medical Center, Wichita, Kan.;
- Oscar G. Johnson VA Medical Center, Iron Mountain, Mich.;
- Aleda E. Lutz VA Medical Center, Saginaw, Mich.;
- VA Gulf Coast Federal Health Care System, Biloxi, Miss.;
- G.V. (Sonny) Montgomery VA Medical Center, Jackson, Miss.;
- VA Sierra Nevada Health Care System, Reno, Nev.;
- VA Healthcare Network Upstate New York, Bath, N.Y.;
- Fayetteville (N.C.) VA Medical Center;
- James E. Van Zandt VA Medical Center, Altoona, Pa.;
- Erie (Pa.) VA Medical Center;
- William Jennings Bryan Dorn VA Medical Center, Columbia, S.C.;
- James H. Quillen VA Medical Center, Mountain Home, Tenn.
- William S. Middleton Memorial Veterans Hospital, Madison, Wis.

Clockwise from left: The Phoenix VA Health Care System, VA Gulf Coast Federal Health Care System, and Fayetteville (N.C.) VA Medical Center were among the VA facilities recognized by The Joint Commission for attaining and sustaining excellence in accountability measure performance for the full previous year. A total of 405 hospitals in 45 states made the list.
VA recently announced six winners of the 2011 Veterans Affairs Innovation Initiative (VAi2) Employee Innovation Competition.

The competition, the fourth in a series that began in the spring of 2010, was held specifically to help Veterans with disabilities related to their military service obtain meaningful employment. VA will develop, test and potentially implement winning ideas for nationwide use in the Vocational Rehabilitation and Employment Program.

“Every Veterans Benefits Administration employee who participated in VA’s 2011 Employee Innovation Competition helped to improve service to our Veterans,” said Allison A. Hickey, Under Secretary for Benefits. “Through the ingenuity of our employees and their deep understanding of what today’s Veterans need to gain good-paying jobs, we have a terrific set of innovations to pursue.”

The competition drew hundreds of ideas submitted online that were voted on by fellow VA employees. The top vote-getters were selected to present formal presentations to senior VA leaders who in turn chose the ones with the most potential to significantly improve the quality of services provided to participants in the VR&E Program. The selected innovations also have the potential to reduce the cost to taxpayers of delivering those services.

The winning ideas include: a paid internship program to help Veterans gain private sector work experience; support systems for Post-9/11 student Veterans with traumatic brain injury or post-traumatic stress disorder; a mentorship program for Veterans from the employment community; Mental Health First Aid training for VR&E employees to increase their understanding of mental illness and enable them to provide the highest level of service to ensure successful Veteran outcomes; online verification of eligibility for VR&E services; and enhancements to the disbursement of education benefits in the form of a pre-loaded debit card for purchasing books and supplies.

“Thousands of employees cast their votes through crowd sourcing, and top VA leadership made the final selections,” said VAi2 Director Jonah Czerwinski. “These are the best of the best. With this selection, we now have 16 innovations funded from the Veterans Benefits Administration employee competitions, many of which have been implemented and are positively affecting our service delivery.”

VAi2’s roots can be traced back to a speech President Obama gave to the Veterans of Foreign Wars in August 2009.

“We’re going to challenge each of our 57 regional VA offices to come up with the best ways of doing business, of harnessing the best information technologies, of cutting red tape and breaking through the bureaucracy,” the President said. “And then we’re going to fund the best ideas and put them into action, all with a simple mission: cut those backlogs, slash those wait times, deliver your benefits sooner.”

Shortly after that speech, VA Secretary Eric K. Shinseki implemented VAi2, which includes an employee competition as part of the initiative. The idea behind the employee competition is to ask frontline employees to propose ideas and solutions to solve the problems they face every day.

To date, there have been four Employee Innovation Competitions—two with the Veterans Health Administration and two with the Veterans Benefits Administration, which have resulted in a total of 40 employee ideas being selected and funded for implementation.

VAi2 is a program designed to tap the talent and expertise of employees as well as individuals inside and outside government to contribute new ideas that ultimately produce new, innovative solutions that advance VA’s ability to both deliver and improve benefits and services.

VAi2 also includes Industry Innovation Competitions designed to give VA the opportunity to get the best thinking from the private sector to solve the Department’s most pressing challenges.

Subject matter experts from VA, other government agencies and industry review proposals. Those selected for award work with VAi2 to design a pilot implementation based on their proposals. After the pilot is completed, each project is evaluated. The most successful will go on to broader deployment and eventually national rollout.

VAi2 has held two Industry Innovation Competitions since 2010. These competitions have resulted in nearly 600 ideas submitted from industry across 11 topic areas. In total, 37 projects have been selected for award and are in various stages of project design, development, testing and evaluation.

To review all ideas selected from the various competitions, visit www.va.gov/VAi2/ FundedInnovations_Home.asp.

One of the winning ideas submitted by employees involves support systems for Post-9/11 student Veterans with traumatic brain injury or post-traumatic stress disorder; another involves enhancements to the disbursement of education benefits in the form of a pre-loaded debit card for purchasing books and supplies.
As part of its drive to end homelessness among Veterans by 2015, VA launched a nationwide outreach initiative, “Make the Call,” to spread the message about its special programs to help homeless Veterans and their families to 28 communities across the nation in October.

“Those who have served this nation as Veterans should never find themselves on the streets, living without care and without hope,” said VA Secretary Eric K. Shinseki.

Shinseki noted that 28 communities—from Boston to Oahu—hosted special programs this fall highlighting local services for homeless Veterans, their families and those at risk of becoming homeless.

“Working with our partners in state and local government, the nonprofit and private sectors, we can restore our homeless Veterans and their families to the lives of dignity they’ve earned,” Shinseki added.

This fiscal year, VA expects to spend $3.4 billion to provide health care to homeless Veterans and $800 million in specialized homeless programs. The latest studies say more than 75,000 Veterans are homeless on a typical night, and about 135,000 spend at least one night a year in a homeless shelter.

VA is encouraging citizens in the community to “Make the Call” to help prevent and end homelessness among Veterans. Since March 2010, VA has offered a toll-free telephone number, staffed around the clock by trained professionals, to help homeless Veterans, their families and at-risk people. The number is 877-4AID-VET (877-424-3838).

Recently, VA has transformed its efforts in the fight against homelessness. It is changing from a program focused on temporary, shelter-based services, to prevention, employment, permanent housing, and help for families and Veterans at risk of becoming homeless.

The special awareness and outreach programs in the 28 selected communities were:

- Alaska: Anchorage, Oct. 12
- California: San Francisco, Oct. 19; Los Angeles and San Diego, Oct. 12
- Colorado: Denver, Oct. 14
- District of Columbia: Oct. 14
- Florida: Miami, Oct. 21
- Georgia: Atlanta, Oct. 29
- Hawaii: Kauai, Oct. 14; Oahu, Oct. 17
- Louisiana: New Orleans, Oct. 22
- Massachusetts: Boston, Oct. 20
- Michigan: Detroit, Oct. 12
- Missouri: St. Louis, Oct. 17
- Montana: Billings, Oct. 11
- Nevada: Las Vegas, Oct. 6
- New York: Canandaigua, Oct. 12; New York Harbor, Oct. 21
- Ohio: Cleveland, Oct. 12
- Pennsylvania: Lebanon, Oct. 12
- South Dakota: Sioux Falls, Oct. 12
- Tennessee: Memphis, Oct. 11
- Texas: Houston, Oct. 20; Dallas, Oct. 18

More information about VA’s programs for homeless Veterans, at-risk Veterans and their families is available at www.va.gov/homeless.
Native Veteran Small Business Owners Get a Boost at Conference

VA hosted the National Veterans Small Business Conference and Expo Aug. 15-18 in New Orleans in support of Veteran-Owned and Service-Disabled Veteran-Owned Small Businesses. As part of an effort to discover how business development collaborations and best practices can inform tribal governments in helping Veterans achieve their entrepreneurial goals, the Office of Tribal Government Relations (OTGR) interviewed five Veterans who attended the conference and understand small businesses in Indian Country.

Nate Nez, Tribal Services coordinator and regional coordinator for the Wisconsin Department of Veterans Affairs, suggests developing a business mentor program for Veteran-owned businesses in Indian Country. Mentors with real-life experience can teach the rewards and challenges of business ownership and serve as role models and catalysts for those who want to take the step into business. This model can be valuable to both individuals and tribes, and has the added benefit of assisting already established entrepreneurs.

Nez believes consumers want to patronize small businesses and do their part to help native Veterans. If small businesses are invisible to the public, it’s because native Veteran-owners need to market themselves as native Veteran-owned small businesses.

Jeff Brownfield, a native Veteran small business owner from Yakima, Wash., contracts with VA to provide aid and assistance to Veterans returning from Iraq or Afghanistan. Brownfield suggests that OTGR provide informational start-up packets, business ideas and contract suggestions as a way to encourage native Veterans with interest in starting businesses.

Daucey Brewington is the manager of the Native Procurement and Technical Assistance Center in Washington, where native Veteran-owned small businesses are common. Brewington’s organization provides technical assistance to native-owned small businesses that want to navigate the world of federal contracts. Small businesses allow the owner to operate independently and work under their own terms, which Brewington believes is well-suited to native entrepreneurs.

Brewington finds that in addition to the obvious economic benefits, there are social advantages for other native Veterans when a native Veteran-owned small business succeeds. Such successes serve as role models for others in Indian Country and demonstrate that with skills and education, other native Veterans can start small businesses.

Marvin Trujillo, a former 2nd Lieutenant Governor from the Laguna Pueblo tribe in New Mexico, currently serves as the Laguna Veteran director while he completes his MBA. Trujillo points out that Veteran-owned small businesses decrease the unemployment rates in Indian Country, not only by direct employment of Veterans, but by providing the opportunity to reinvest small business revenue into the tribal community.

Trujillo also recognizes that the Veteran’s education, training and experience are essential to building and sustaining any economy, Indian Country included. He believes that Veterans are a powerful American business resource.

Geno Talas, director of Hopi Veterans Services for the Hopi tribe in Arizona, believes OTGR should continue to advertise training opportunities, conferences and workshops in accessible and local regions. Talas also encourages OTGR to publish success stories of native Veteran small business owners to serve as a roadmap for other native Veterans.

Talas explains that many Veterans in his area travel off-reservation to work in border towns, where more employment opportunities exist. If small business ownership increased, native Veterans would have more opportunities to stay on-reservation to work, decreasing expensive travel, improving the community and contributing to the growth of tribal economies.
Dr. Kathryn Magruder, a researcher at the Ralph H. Johnson VA Medical Center in Charleston, S.C., has begun a nine-month Fulbright scholarship in Ankara, Turkey. She departed the United States for Turkey on Sept. 14.

Drawing from her career-long work studying post-traumatic stress disorder in military Veterans, Magruder will focus her research on PTSD in civilians living near war zones.

“There’s a significant Turkistan minority living in Iraq, mainly around Mosul, where a lot of the heavy fighting has taken place,” Magruder said. “A lot of Turkistan young people travel from Iraq to Turkey to attend Hacettepe University, where I’ll be based. These are civilians who grew up in a war zone. They’ve just left a very stressful place and suddenly find themselves in a relatively safe place, sort of like what happens to our service-men and women who return to the United States after a tour in Afghanistan or Iraq.

“Most of these Turkistan kids are 18 or 19—about the same age as the average American soldier,” she continued. “This is exciting, because I’ve never gotten to work with people this young. By the time most Veterans register with the VA, they’re not 18 or 19 anymore.”

Magruder said her Fulbright scholarship will afford her the opportunity to obtain a more complete picture of PTSD, which will further inform her ongoing research at VA. “By working with civilians, I’ll have the chance to see what it’s like for those with PTSD symptoms to be temporarily removed from their stressful environments,” she said, “something that until now has been difficult to study.”

Working out of the psychiatry department at the Hacettepe University Medical School in Ankara, Magruder will also conduct lectures and seminars about her VA research.

With the help of Skype and other technology, she will be able to continue several studies now underway back home. Among those projects are “A Twin Study of the Course and Consequences of PTSD in Vietnam Era Veterans,” and “Long Term Health Outcomes of Women’s Service during the Vietnam Era” (both part of VA Research’s Cooperative Studies Program) and a comparison of Web-based versus in-person methods of training mental health providers in suicide prevention.

“I’ve never lived abroad before,” Magruder said, “so this will be a little new for me. I’m very excited.”

The Fulbright program is the flagship international educational exchange program sponsored by the U.S. government and is designed to increase mutual understanding between the people of the United States and the people of other countries. The program was established in 1946 under legislation introduced by the late Senator J. William Fulbright of Arkansas and is sponsored by the State Department’s Bureau of Educational and Cultural Affairs. The program awards approximately 8,000 new grants annually.

By Tom Cramer
**Advanced Cardiac Procedure Performed at Asheville VAMC**

Everyone has heard the expression, “Nothing lasts forever.” It’s accepted as a simple truth, but one that can have serious consequences. That’s especially true in the case of advanced medical devices.

Consider the pacemaker, which delivers electrical pulses to make the heart beat in a more normal rhythm, or the defibrillator, which delivers electrical shocks aimed at terminating abnormal, high-risk irregularities of heartbeat. These devices have been in common use for decades now, with millions of Americans walking around with them implanted just under their skin.

These devices have fine electronic wire leads that are carefully threaded from the battery, which is located under the skin of the patient’s chest, through the patient’s central veins to chambers of the heart. When an absence of a heartbeat or an irregular heartbeat is detected, the devices send an electric current through the leads into the patient’s heart to activate it or shock it back into a regular rhythm. The devices can remain in a patient’s body for years without complications.

But what do you do when a wire lead breaks or is recalled because of a manufacturing defect? Until recently, removal had to be done by way of high-risk, complex open-heart surgery. The Charles George VA Medical Center in Asheville, N.C., is now one of a handful of medical facilities in the United States, and the only medical center in western North Carolina, where patients can undergo a simple, much less invasive procedure called defibrillator lead extraction.

Dr. On Topaz, consulting professor of medicine with Duke University School of Medicine, and chief of cardiology at the Asheville VAMC, explained this unique procedure. “Simply put, it is the removal of electronic wires from the body” by using a medical laser.

The procedure is done with only a local anesthetic and a mild sedative. The doctor begins by isolating the battery for the pacemaker or defibrillator and then inserts a cardiac laser catheter that slides inside the central veins, over the dysfunctional lead, and guides it toward the tip of the lead anchored in the heart chamber. Once the laser is in place and activated, it dissolves the old tissue in about a minute, allowing for easy removal of the dysfunctional lead. The doctor can then pull the lead out and use the path created by the laser to insert a new wire lead. Patients recover quickly, far faster than with open-heart surgery, and are usually discharged the following day.

Topaz said that the division of cardiology at the Asheville VAMC now “provides this sophisticated treatment similar to some of the most advanced medical facilities in the United States.”

Dr. Anil K. Goli, director of the Asheville VAMC’s Electrophysiology Service, successfully completed the first lead extraction under the supervision of Dr. Roger Carillo, “a leading authority from the University of Miami, who is a nationally respected cardiac surgeon specializing in removal of dysfunctional electrophysiology devices.”

Goli attended medical school in India and completed medical training in Johnson City, Tenn., followed by an electrophysiology fellowship at the prestigious electrophysiology center at Case Western Reserve University in Ohio. Over the years, Goli has gained extensive experience and reputation in the field of electrophysiology. Before performing the unique laser procedure, he underwent three dedicated training sessions with Carillo at the University of Miami.

Stanley Mitchell, the first Veteran to benefit from the procedure at the Asheville VAMC, is an Air Force Veteran from Spartanburg, S.C. He is a musician and artist who works in bronze.

Mitchell said that the procedure was painless. He “only felt some pressure near the insertion point as I woke up from the procedure.” For Mitchell, the hardest part was prior to the procedure. “Having this thing in my chest and not knowing what was wrong with it caused a lot of anguish, but Dr. Goli helped me understand what was wrong and how he was going to fix it.”

The procedure went smoothly; Mitchell was discharged the following day, and continued resting comfortably at home.

“I had a choice of where to go,” said Mitchell, “and the reason I chose the VA in Asheville is because I was told they have one of the best cardiology departments in the area. I believe that even more so now. The staff is wonderful. They’re good to me, and they go out of their way for me.” He also credits the advanced medical laser equipment the center has and the training the staff has received.

Topaz is proud of the physicians, nurses and technicians who work with him and what they have accomplished. “The only other VA centers in our area that are doing this advanced procedure are Durham, N.C., and Richmond, Va.”
Louisiana Veterans Find Relief from Common Sleep Disorder

Are you tired during the day or do you have trouble concentrating? Does your spouse complain about your snoring? You may be suffering from a condition known as sleep apnea.

Sleep apnea is a common disorder that causes a person to stop breathing or breathe shallowly during sleep. This often disturbs the sleeper enough to cause tiredness upon waking.

“Lots of people have sleep apnea and may not even know it,” said Robert Pace, a respiratory therapist and sleep diagnostics coordinator for the Southeast Louisiana Veterans Health Care System sleep medicine clinic.

Army Veteran Vincent Santalla didn’t know he had sleep apnea when he came to the Southeast Louisiana VA to see his doctor about what he thought were signs of asthma.

“My wife complained that I kept her awake at night because I’d stop breathing and scare her,” Santalla explained. “I was tired all the time.”

His physician recommended a sleep study. It was determined that Santalla was experiencing upwards of 30 apnea events an hour on a nightly basis. In other words, he stopped breathing nearly every two minutes.

Santalla’s test was carried out on an inpatient basis in a sleep lab. Waiting lists for such procedures can be long. To combat these waits and expedite treatment for Veterans suffering from apnea, Southeast Louisiana’s sleep medicine clinic staff pioneered the widespread use of home testing machines.

“After Hurricane Katrina, we had a huge backlog of studies we needed to complete,” said Nathan Dion, respiratory therapist and pulmonary supervisor, “but our facility was damaged and many community health care providers were similarly affected. We needed an alternative.”

Dion and his sleep medicine team researched possible alternatives and proposed to begin using home diagnostics to fill the gap between needed and available care. At the time, home tests were not reimbursable through any insurance program, including Medicaid and Medicare.

In 2007, Dion received $20,000 to purchase five home testing units. Within four months, the testing backlog had been cleared and Veterans in need were being treated.

“When you consider that it can cost over $2,000 per patient to outsource a sleep test,” said Dion, “we saved hundreds of thousands of dollars. But more importantly, we got our patients the care they needed, even without a hospital.”

Once patients are diagnosed as suffering from apnea, treatment can begin.

“We use a continuous positive airway pressure, or CPAP, machine,” Pace explained. “This helps keep the airways open at night and allows the patient to breathe, but it’s not a cure.” Rather, using the CPAP is a lifestyle change. Patients will likely continue to use the device for their lifetime.

“Lots of people have sleep apnea and may not even know it.”

“Our goal is to stabilize the patient and deal with the current symptoms,” Dion said. “When we can do that, the patient has fewer sleepless nights.”

Santalla has been using the CPAP machine since the spring of 2010, and he notices a big difference.

“I have more energy,” he said.

Santalla’s wife Susan has noticed a difference as well, although at first it was almost as scary as his apnea.

“I couldn’t hear him at all,” she said. “I’d wake up and check to see if he was still breathing.” The CPAP machine, which sits at their bedside, was so quiet she couldn’t hear it either.

The CPAP machine records Santalla’s nightly use and keeps track of any apnea episodes he may have. The

“Lots of people have sleep apnea and may not even know it.”

“Lots of people have sleep apnea and may not even know it.”

- Kimberly Gearhart
New Mexico VA Health Care System Hosts MOH Recipient

Veterans and staff at the New Mexico VA Health Care System in Albuquerque were honored to have a visit on Aug. 2 from Army Sgt. 1st Class Leroy Petry of Santa Fe. President Obama presented Petry the Medal of Honor for his valor in Afghanistan at a White House ceremony on July 12.

Joining him for a visit through the wards was Army Sgt. Toby Montoya of the Wounded Warriors program. Following a two-hour visit with Veterans, the heroes were the focus of a news conference in the Education Building.

Petry was awarded the nation’s highest military honor for throwing back a live grenade that had been tossed at him and fellow Rangers in the Paktya province of Afghanistan on May 26, 2008. The grenade detonated as he threw it, taking his right hand at the wrist and further injuring him with shrapnel. Petry was the second of three living service members from the wars in Iraq and Afghanistan to receive the Medal of Honor; seven Medal of Honor awards for actions in the current wars have been made posthumously.

Fresno VA Reopens Front Entrance With a Gala Ribbon-Cutting

VA Central California Healthcare System reopened the Fresno VA Medical Center’s front entrance with a gala ribbon-cutting and a special salute from the sky on Aug. 5. After an extensive six-month renovation to improve access, the 50-year-old facility now has thickly insulated awnings, which completely cover the front of the hospital, and a wheelchair lift to assist disabled patients inside. A new, illuminated sign over the front door says “The Price of Freedom is Visible Here,” reminding everyone who enters the hospital about the service and sacrifice of Veterans.

The highlight of the ribbon-cutting was a flyover by a vintage World War II T-34 Beechcraft Mentor. Piloted by a retired Marine aviator, the flight included a wounded warrior and patient as a passenger. Painted black and silver with a shark’s face on the front, the roaring plane circled the facility three times at low altitude while trailing ceremonial white smoke. The pilot and passenger then saluted the more than 500 cheering Veterans and families attending the ceremony.

Incoming Presidential Management Fellows Help Homeless Vets

As part of their orientation to VA, 46 incoming Presidential Management Fellows traveled to Baltimore on Oct. 6 to participate in a special service project at the Maryland Center for Veterans Education and Training Inc., or MCVET. The PMFs learned about the many services MCVET provides to homeless Veterans, supporting them in their efforts to regain stability in their lives.

They took a tour in the morning, and broke into small groups later in the day, participating in a variety of hands-on volunteer activities throughout the center. These included everything from laundering clothing to serving meals to painting hallways in transitional housing.

MCVET’s mission is to provide homeless Veterans and other Veterans in need with comprehensive services enabling them to rejoin their communities as productive citizens. They house up to 250 homeless Veterans daily. Veterans in the program receive shelter, clothing, case management, access to health care services, and a full array of services to help move them from dependency to independence.
HAVE YOU HEARD

Ground Broken on Tribal Veterans Cemetery

VA recently awarded the first-ever grant to a tribal organization to establish a Veterans cemetery on tribal lands. Ground was broken Sept. 19 on the RST Sicangu Akicita Owicahc Tribal Veterans Cemetery near Mission, S.D.

Highlights of the ceremony included a traditional blessing of the grounds, presentation of the colors by the Sicangu Warrior honor guard, and music provided by an all-Veteran drum group. The $6.9 million grant will fund construction of the main entrance, an administration building, a maintenance facility, roads, an assembly area, a committal service shelter, pre-placed crypts, burial areas for cremated remains, traditional burial areas, columbaria for cremated remains, landscaping, a memorial walkway and supporting infrastructure. The project will develop approximately 14.4 acres of a 74-acre parcel on the Rosebud Reservation.

Members of the tribe who are Veterans with a qualifying discharge, and who have completed a period of active duty service as required by law, may be buried in the Veterans cemetery—along with their spouses and eligible dependent children. Public Law 109-461, signed into law Dec. 22, 2006, authorized the Secretary of Veterans Affairs to award Veterans cemetery grants to tribal governments in the same manner that they are given to states and territories.

New Program Helps Local Clergy Understand the Needs of Veterans

The Jack C. Montgomery VA Medical Center in Muskogee, Okla., began a new clinical pastoral education program in July to help local clergy understand the needs of Veterans. Four clergy members participated in the inaugural 13-week graduate-level program, which provided instruction on such topics as the emotional cycle of a military deployment, post-traumatic stress disorder, suicide prevention, traumatic brain injury, substance abuse, domestic issues, military sexual trauma, and personal testimonies from Veterans who served in Vietnam, Desert Storm, Afghanistan and Iraq, and women Veterans.

Muskogee is the first VA medical center to offer a community-based clinical pastoral education program that focuses on Veterans’ issues. “Often the first place Veterans turn is the local church,” said Muskogee Chaplain Kenneth Blank, “but clergy often don’t understand the unique needs of Veterans. We want to familiarize them with the dynamics that some Veterans face, so they can not only listen for those dynamics but also respond to them.”

The program also familiarizes clergy with the VA health care system, so they can refer Veterans to VA. The new program was made possible through a grant from VA’s Mental Illness Research, Education and Clinical Centers.

Winning Veterans Day Poster Design Reflects Unique 11-11-11 Celebration

The Veterans Day National Committee selected the national Veterans Day poster for 2011 designed by John Magine, a Vietnam Veteran who works as a visual information specialist at the West Palm Beach (Fla.) VA Medical Center. It is the second time the committee has selected his artwork for the national poster—his previous design won the 2008 contest. “It was a great honor to have my work selected again as this year’s winning poster design,” said Magine. “I attempted to create a design that reflected not only the unique year, month and day of the 2011 celebration, but the national pride, courage and sacrifice our Veterans represent.”

The poster was shipped to VA facilities nationwide, and could also be downloaded in a variety of formats from www.va.gov/opa/vetsday/gallery.asp. It also graces the back cover of this issue of VAn-guard.
Fifth Annual ‘Sweat With the Vets’ Raises Money for National Rehabilitation Special Events

More than 600 people registered for the fifth annual “Sweat With the Vets” 5K and 1-mile Run/Walk/Roll event this summer at the Jefferson Barracks division of the St. Louis VA Medical Center. The race raises funds for Veterans who participate in the national rehabilitation special events, including the National Veterans Wheelchair Games, National Veterans Golden Age Games and National Veterans Creative Arts Festival.

Participants in Sweat With the Vets included VA employees, VA patients, community members and competitive athletes. In addition to drawing more participants, this year’s event also raised more money than ever before, and received more donations and support from local companies. In all, the event raised more than $8,300. Race participants followed a course around the medical center’s campus, winding around the Jefferson Barracks National Cemetery and along the rolling Mississippi River.

Disabled Veterans Develop Confidence, Skills Through Golf

Nearly 240 Veterans with injuries and other disabilities gathered in Iowa to participate in the National Veterans TEE (Training, Exposure and Experience) Tournament Sept. 12-15. Sponsored by VA and supported by more than 300 volunteers and numerous corporate sponsors, the National Veterans TEE Tournament provides Veterans with disabilities the opportunity to develop new skills and strengthen their confidence through adaptive golf. Activities also include bowling, horseback riding, kayaking and other recreational sports.

The first tournament was held in 1994 in Nauvoo, Ill., originally as a local program for legally blind Veterans, and drew 36 Veterans from six Midwestern states. In 1995, the event moved to the Iowa City area. The TEE Tournament was added by VA as a national rehabilitation program in 2008.

The tournament has been expanded to include not only Veterans who are legally blind, but also those with other disabilities. Participation is open to U.S. military Veterans with visual impairments, amputations, traumatic brain injuries, multiple sclerosis, neuromuscular conditions, neurological conditions and spinal cord injuries. The participants receive care at VA medical facilities across the nation, and many use VA’s comprehensive visual impairment services. The Tournament is hosted by the Iowa City VA Health Care System, with sponsorship support provided by Help Hospitalized Veterans, Veterans Canteen Service and many other organizations.

4th Annual Summer Sports Clinic Held in San Diego

One hundred recently injured Veterans from around the country gathered in San Diego the week of Sept. 18 for the 4th National Veterans Summer Sports Clinic. Hosted by the VA San Diego Healthcare System, the Clinic introduces recently injured Veterans to adventure sports and recreational activities such as sailing, surfing, kayaking, cycling, and track and field events.

The program provides a week-long journey of exploration and accomplishment in summer sports. The goal is to provide early intervention for Veterans battling back from an array of injuries, ranging from brain trauma and spinal cord injuries, to neurological problems and loss of limbs. The Clinic is presented by VA with continued support from Help Hospitalized Veterans and the Veterans Canteen Service. To watch Clinic video highlights from the week, go to www.summersportsclinic.va.gov.
Two VA Executives Honored With Service to America Medals

Two VA executives are among nine federal officials honored with 2011 Service to America Medals. The nonprofit Partnership for Public Service presents the medals annually to outstanding public servants who are making high-impact contributions.

Alfonso Batres, Ph.D., chief officer, Readjustment Counseling Service, received the Career Achievement Medal for his work building the vet center program. The Vietnam Veteran has worked with vet centers for nearly 30 years, starting in the field offices and heading the national program since 1994. Under his leadership, the number of vet centers has increased from about 200 six years ago to 300 to meet the needs of hundreds of thousands of combat Veterans and their families. He also launched 50 mobile vet centers. Batres developed family bereavement services for those who lost loved ones on active duty, provided family therapists at each center, and set up a national call-in service for combat Veterans or family members to talk to another combat Veteran about readjustment issues.

W. Todd Grams, chief financial officer and executive in charge of management, received the Management Excellence Medal for his success in improving financial management, resulting in redirection of funds to improve services to Veterans. He led a team that created VA's first Department-wide capital planning program and established an integrated governance structure for business functions, including procurement, personnel and information technology. This led to a streamlined process for hiring acquisition staff, implementing a self-service employee benefit portal, and training more than 5,000 employees in financial management. Under Grams’ leadership, VA eliminated long-standing material weaknesses in financial management and reduced the risk of fraud and abuse in its $14 billion purchasing program.

Winners of the awards, often referred to as the “Sammies,” are nominated by colleagues and selected by a committee of nearly 20 leaders in government, academia, the private sector, news media and philanthropy. The Partnership for Public Service received more than 400 nominations for medal consideration this year.

‘Today’s VA’ Commercial Series Earns National Award

Did you know VA has an award-winning national TV commercial series? The Veterans Health Administration’s Healthcare Recruitment and Retention Office recently received a prestigious 2011 Gold Aster Award for their commercial series “Today’s VA.”

The commercial series was developed in collaboration with JWT INSIDE, a recruitment advertising and employment communications agency. Launched on Veterans Day, Nov. 11, 2009, the series encourages medical professionals to consider a career with VA. The commercial took home the gold in the TV/Video Advertising – Series category.

The Aster Awards are presented to elite medical marketing health care organizations and advertising agencies nationwide. They are hosted by an internationally recognized firm, Creative Images Inc., which has specialized in strategic health care marketing for more than 17 years.

The award was announced in Marketing Healthcare Today magazine, a top resource for many health care marketing professionals. To see the award-winning commercial series, visit www.va.gov/career-life/tv/todays_va.html.

VA Chief Financial Officer Financial Management Award Winners Recognized at Central Office

The winners of the Fiscal Year 2010 VA Chief Financial Officer Financial Management Awards were recognized in the G.V. “Sonny” Montgomery Veterans Conference Center in VA Central Office on July 26. Four employees were honored for exceptional accomplishments that have contributed to VA’s success in financial performance and management.

Winners of the award for Financial Management Innovation are Mary Anthony, supervisor, Project Management, Office of Information and Technology in Nashville, Tenn., and Ronald J. Larson, CFO, VA San Diego Healthcare System. Winners of the CFO Award for Financial Management Program Improvements are Angelia Stevenson, CFO, Tuscaloosa (Ala.) VA Medical Center, and Thomas Graves, chief, Veterans Health Administration State Veterans Home Construction Grant Program at VACO.
VA Acquisition Academy Chancellor Named Chief Learning Officer of the Year

Lisa Doyle, chancellor of the VA Acquisition Academy, was named 2011 Chief Learning Officer of the Year by Chief Learning Officer magazine. A panel of seven judges, consisting of leaders in learning and development and past recipients of the award, recognized Doyle as the 2011 CLO of the Year for her work in standing up the VA Acquisition Academy.

Doyle was named the academy’s first chancellor in 2008 and partnered with VA leaders to define the mission of the newly-established academy and deliver on its promise to grow, train and retain the 40,000-member acquisition workforce that is charged with acquiring the goods, services, technology, facilities and supplies needed to carry out VA’s mission.

The CLO of the Year award is given annually to the candidate who best exemplifies leadership qualities, creates the vision for change in his or her organization, and adds value for stakeholders.

The Learning in Practice Awards were announced at a special awards ceremony during the Fall 2011 Chief Learning Officer Symposium in Dana Point, Calif. The event brings together learning leaders from around the world to discuss innovative enterprise learning strategies and share best practices.

VA North Texas Deputy Chief of Staff Receives Air Force Association Award

Stephen Holt, M.D., deputy chief of staff at the VA North Texas Health Care System, received the 2011 Department of Veterans Affairs Employee of the Year award from the Air Force Association. Holt was a flight surgeon in the Air Force, where he served for 25 years and retired as a colonel in 2005.

Each year, the Air Force Association award honors the most outstanding performance of duty as a VA employee. A panel reviewed the top nomination packages and commended Holt’s accomplishments, including creation of the Patient Administrative Service at the Dallas VA Medical Center, which improved patient flow, increased availability of intensive care beds, and avoided admissions to other community hospitals. These efforts helped to reduce co-pays and other fees to Veterans.

Another highlight was Holt’s work to partner with county court systems to establish Veterans Justice Outreach programs in Dallas, Tarrant and Denton counties to offer treatment and rehabilitation as an alternative to incarceration for Veterans with post-traumatic stress disorder and other mental illnesses.

Holt joined VA North Texas in 2008 and says, “I am a Veteran serving other Veterans and am honored to be part of a health care system that gives Veterans top priority.”

The award was presented Sept. 19 in conjunction with the opening of the 2011 Air and Space Conference and Technology Exposition in National Harbor, Md.

2011 Green VA Award Winners Announced at Central Office Ceremony

VA recently announced the winners of the 2011 Green VA awards program during a ceremony at VA Central Office hosted by Chief of Staff John R. Gingrich.

The winners of the 2011 Green Routine Awards hail from the James H. Quillen VA Medical Center in Mountain Home, Tenn., the San Francisco VA Medical Center, the VA Gulf Coast Veterans Health Care System, and the Boise (Idaho) VA Medical Center. The 2011 Sustainability Achievement Awards recognize achievement in seven categories. The winners are: the Martinez (Calif.) VA Outpatient Clinic and Community Living Center for Alternative Fuel/Fuel Conservation in Transportation; the Fayetteville (N.C.) VA Medical Center for Energy Efficiency; the VA Greater Los Angeles Healthcare System for High Performance Sustainable Buildings; the VA San Diego Healthcare System for Recycling; the Martinsburg (W.Va.) VA Medical Center for Renewable Energy; the Massachusetts National Cemetery for Water Conservation; and the Spokane (Wash.) VA Medical Center for Waste Minimization/Pollution Prevention.

To learn more about the awards and the winning projects, visit the Green Management Program’s Awards page at www.green.va.gov/awards.
VA Colleagues Serve on Nurses Association Board of Directors
Melissa Hutchinson has joined Pamela Popplewell, both from the VA Puget Sound Health Care System, on the Board of Directors for the American Association of Critical-Care Nurses.

Hutchinson is a clinical nurse specialist in the medical intensive care unit and an adjunct faculty member at the University of Washington. She started her three-year term on July 1. Popplewell is the director of nursing for surgery and is currently completing a doctorate of nursing practice degree at the University of Washington. Popplewell was elected to the board in 2010 and started her three-year term on July 1, 2010. Sheryl Leary, from the VA San Diego Healthcare System, is also serving a three-year term on the board.

The American Association of Critical-Care Nurses is the largest specialty nursing organization in the world, representing the interests of more than 500,000 nurses who are charged with the responsibility of caring for acutely and critically ill patients. The association is dedicated to providing its members with the knowledge and resources necessary to provide optimal care to critically ill patients.

Phoenix VA Diabetes Researcher Earns Prestigious American Diabetes Association Award
Robert G. Frykberg, chief of the Podiatry Section in the Department of Surgery at the Carl T. Hayden VA Medical Center in Phoenix, received the American Diabetes Association’s prestigious 2011 Roger Pecoraro Lecture Award. The award was presented at the association’s 71st Scientific Sessions in San Diego. It recognizes a researcher who has made scientific contributions and demonstrates a tireless commitment to improving the understanding of the detection, treatment and prevention of diabetic foot complications.

“Serving Veterans is an awesome mission, and to be recognized with this award in helping our nation’s heroes is gratifying,” said Frykberg, who has been with the Phoenix VA since 2003. “We’re honored to serve these men and women, and anything we can do to help them and all Americans through our research efforts is something worth pursuing.”

Frykberg is also an adjunct professor of podiatric medicine at Midwestern University in Glendale, Ariz. He edited two of the most widely circulated textbooks on the subject of diabetic foot care, and is the editor of the 2010 book Diabetic Charcot Foot: Principles and Management. He is the former chair of the Foot Care Council of the American Diabetes Association and a past president of the American College of Foot and Ankle Surgeons.

Purchased Care Health Administration Center Receives Pro Patria Award for Supporting Deployed Staff
VA’s Purchased Care Health Administration Center in Denver recently received the Pro Patria Award, the highest award presented by the Colorado Employer Support of the Guard and Reserve. The Pro Patria Award is presented to employers who have provided exceptional support in America’s defense through leadership practices and personnel policies that support employees who serve in the National Guard and Reserve.

Employers must demonstrate a significant commitment to supporting members of the Guard and Reserve, both during deployment and while at work. The award also represents the dedication of the staff, which provides support for their peers and their families while they are actively serving in the nation in the Guard or Reserve. VA employees Kelly Farmer, a captain in the National Guard, Marylin Whitelock, a sergeant first class in the Army Reserve, and John Hancher, a captain in the National Guard, nominated the center for the award.

Houston Homeless Veterans Program Receives Award from Addiction Professionals Association
The Health Care for Homeless Veterans program at the Michael E. DeBakey VA Medical Center in Houston recently received the prestigious Torchbearer Award from the Houston Chapter of the Texas Association of Addiction Professionals.

The HCHV program in Houston was started in 1987. It was one of the first programs in the VA to help with the growing concern of homelessness in the Veteran population. The staff helps Veterans develop solutions to help themselves. “We currently have 40 full-time staff dedicated to providing services to homeless Veterans,” said Luis Paulino, HCHV program director. “This is supplemented by the wide array of medical and mental health care services offered by the DeBakey VA. The main function of the Health Care for Homeless Veterans program is to provide services through case management and prevent homelessness among Veterans.”

The TAAP is the state affiliate of the national Association for Addiction Professionals. TAAP seeks to promote the advancement of addiction professionals by uniting addiction counseling professionals throughout Texas.
Lebanon VAMC Physician Responds to Air Emergency

Dr. Alan Hirshberg, associate chief of staff at the Lebanon (Pa.) VA Medical Center, provided emergency care to a passenger suffering an acute stroke on an international flight on July 12. “Hearing the flight attendant come on the public address system and ask if there’s a physician on board is not something you want to hear when you are over the Atlantic,” Hirshberg said.

Hirshberg assessed the passenger and worked with the flight team, a general practitioner on the flight and the ground medical team to stabilize and transfer the passenger to a hospital for definitive care. He credits the strong teamwork and dedication of the group with getting the passenger to a hospital in a timely manner. The passenger, who was returning to Boston from Dublin, Ireland, is doing well.

Hirshberg is a member of the Veterans Health Administration Emergency Medicine Field Advisory Committee, the Disaster Emergency Medical Personnel System, and the Emergency Medicine Clinical Practice Committee for the American College of Emergency Physicians.

VA Police Officers Respond to Tractor-Trailer Accident

Five members of the Southeast Louisiana Veterans Health Care System’s police force encountered an unexpected snag returning to New Orleans from Belle Chasse one day this summer: a vehicle accident with several injuries.

Chief of Police Service Robert Kenyon, Lead Investigator Geil Jacobs, Lt. Jerome Simon, Sgt. Dennis Cedeno and Officer Meg Powell were returning from a tactical shooting range when Kenyon spotted the accident. A tractor-trailer had rear-ended a parish road repair truck, which had stopped to fix a pothole. The smaller truck was crushed, and the tractor-trailer had crossed into oncoming traffic and come to a halt on the other side of the road.

Although outside their jurisdiction, there was no question about whether they should stop. Cedeno flipped on the police lights and pulled over. All five of them jumped out of the car and began tending to the wounded and directing traffic around the accident scene. Local police officers arrived about 10 minutes later, and the VA team turned the scene over to them. They credit their training with preparing them to react quickly and professionally in a tense situation.

Critical care nurse Sara Toscano came to the aid of Darryl Skinner when he experienced an underwater emergency.

VA Maryland Nurse to the Rescue on a Cayman Islands Dive Trip

Sara Toscano, a critical care nurse with the VA Maryland Health Care System, does not consider herself a hero, but her actions prove otherwise. What began as an ordinary snorkeling excursion to the Cayman Islands became something else entirely when Darryl Skinner, husband of retired VA nurse Valerie Skinner, of Milwaukee, began experiencing breathing problems while in the water.

“I’m a strong swimmer,” said Toscano. “I had probably swam further from the boat than anyone else on the excursion—about 60 yards—exploring with a mask and snorkel. My face was underwater when I heard a faint cry: ‘Help! Help my husband.’ I looked around and saw a lot of motion in the water to my left.” Without giving it a second thought, Toscano immediately swam toward the commotion to find Skinner flailing in the water. Seawater had compromised his snorkeling tube and mask. “At that point, he was inhaling water,” said Toscano, whose previous training as a lifeguard prompted her to react calmly, taking control of the situation within seconds.

She grabbed him from behind, pulled off his snorkel gear, cleared his mouth of saltwater, told him to relax, and towed him by the back of his safety vest to the boat. As she neared the boat with Skinner in tow, the captain jumped into the water and helped haul Skinner into the boat. When Toscano checked on Skinner later, his wife thanked her profusely for saving his life.
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