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Support for Kicking the Habit

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On the cover
Veteran and retired VA employee Frederick Downs Jr., returned to headquarters April 26 to demonstrate his advanced prosthetic arm during a forum held as part of VA Research Week activities. Downs and his DEKA arm also wowed kids participating in Take Our Daughters and Sons to Work Day. Downs lost his left arm when he stepped on a land mine in Vietnam in 1968 and has been using a prosthetic hook ever since.
photo by Robert Turtil
VA Focuses on New HR Training Programs to Better Serve Veterans

The HR Academy, VA’s training and career development resource for Human Resources professionals, has announced its latest catalog of course offerings for 2012. The extensive curriculum is designed to enhance technical and consultative skills so HR professionals can better serve their customers—VA hiring managers—and build a strong, engaged workforce to serve Veterans and their families.

Since its inception, the HR Academy has experienced a large growth spurt—from a small pilot curriculum last year to today’s more comprehensive training offerings. This growth was driven in part by the Department-wide initiative to transform human capital management and by the training needs of VA’s 4,000-strong HR community.

As part of this effort, the HR Academy is engaging HR professionals by thinking beyond traditional forms of education and creating innovative programs for career development, such as Web-based training classes, which will be available later this summer, and a new workshop series called HR2U.

Launched in February in Washington, D.C., HR2U is a four-day outreach and learning workshop that tailors training and career development tools to the needs of HR professionals at VA locations across the country. The program is delivered to participants in their local VA area. The HR Academy will host multiple HR2U workshops at VA locations throughout 2012.

HR2U’s biggest draw is an innovative Career Mapping course. In this hands-on career development session, HR staff members collaborate one-on-one with their managers to create a personal career map that identifies the training and certification they need to advance in their careers. Employees can then schedule time to meet with their managers and build an Individual Development Plan, or IDP, which helps connect their desired training and certification plans to specific and obtainable career goals at VA.

Investing in employee training and career development has paid off handsomely for the Department. According to the Office of Human Resources and Administration, training as a retention tool helped the Department avoid $200 million in turnover costs last year. Ultimately, the HR Academy’s programs support VA’s major initiative of ensuring an engaged, collaborative and high-performing workforce to meet the changing needs of Veterans and their families.

They also help the Department meet the requirements of the Presidential Memorandum on Improving the Federal Recruitment and Hiring Process, which President Obama signed on May 11, 2010. This memorandum requires that HR professionals involved in hiring employees improve the efficiency of their recruitment and hiring practices. In other words: get the right people, in the right jobs, more quickly. This includes job placement for Veterans.

Information on available HR Academy resources and programs can be found at www.vahracademy.com, including how to register for classes through the VA Talent Management System, or TMS. Instructor-led classes are now being held in locations nationwide, such as Atlanta, Phoenix, St. Louis and Hanover, Md. To learn more, go to the VA HR Academy website or send an email to vacohracademy@va.gov.

Transform VA and Your Career With New Tool

Did you know that in 2010, a service member was 10 times more likely to return from war with multiple injuries than during World War II? Have you ever wondered about the history of the Department of Veterans Affairs and how it became what it is today?

The VA Learning University recently launched a new product called the Community Learning Model, an interactive tool that builds awareness of VA’s past innovations and present initiatives. The tool uses audio, video and text to share the story of VA’s journey of transformation. Take a few moments to travel through history with VA, beginning in 1636 with the first government support for disabled Veterans and ending with the Veteran-centric organization we know today.

The CLM is available on demand, offering employees the convenience of training when they need it, and enabling them to take charge of their careers. Whether you’ve worked at VA for two months or 20 years, VA’s Community Learning Model can help you learn about change at VA and how to better serve Veterans. To get started, log on to the VA Talent Management System, or TMS, and visit the interactive CLM.
An Enduring Commitment to Improving Veterans’ Health

Joel Kupersmith, M.D.
Chief Research and Development Officer

Each year, Research Week provides a unique opportunity to recognize the outstanding work of VA investigators and the generous time given by Veteran volunteers who participate in their studies. Through Central Office activities and field events nationwide, Research Week provides attendees with an “up close and personal” look at how VA research is translated into better care for Veterans.

That was again the case April 23–27 when Research Week 2012—“Caring for Veterans through Discovery and Collaboration”—brought VA leaders, investigators and Veterans together in Washington, D.C., and VA medical centers to mark the Department’s enduring commitment to improving Veterans’ health.

At the Research Forum held in Washington, D.C., April 26, attendees heard from speakers and panelists about research advances related to traumatic brain injury, post-traumatic stress disorder, hypertension and prosthetics, among other topics. Our keynote speaker, John Holdren, Ph.D., director of the White House Office of Science Technology and special assistant to the President, set the tone for the day’s impressive lineup with his address, “Serving the Nation through Science and Technology.”

We also were honored to have with us a number of top military leaders, including Army Staff Sgt. Dan Nevins (a Wounded Warrior who lost his left leg while serving in Iraq); Lt. Gen. Charles Green, surgeon general of the Air Force; Terry Rauch, Ph.D., director of Medical Research and Development for the Department of Defense’s Office of Health Affairs; and Col. Geoffrey Ling, M.D., Ph.D., of the Defense Advanced Research Projects Agency, or DARPA. Together, their presence underscored the importance of the longstanding research partnership between VA and DoD.

Research Week 2012 at VACO also saw several “firsts,” such as the national debut of TRACTS, the Translational Research Center for Traumatic Brain Injury and Stress Disorders, based at the VA Boston Healthcare System. Focusing on what have become the “signature injuries” of modern combat—TBI and PTSD—the TRACTS panel of experts talked about the multidisciplinary approach being used to better understand the complex cognitive and emotional problems faced by Operation Enduring Freedom/Operation Iraqi Freedom Veterans.

Another first was the national demonstration of the third generation of the DEKA arm, the Gen3. The DEKA arm is an advanced prosthetic developed by DARPA and DEKA Integrated Solutions that has a fully functioning hand, and control so precise that users can pluck grapes off a vine, pick up a power tool, and shake hands. As part of an effort to bring the DEKA arm into wider use, VA researchers have conducted optimization studies to help fine tune it and improve some design aspects.

The Gen3 DEKA arm, which is controlled by motion detectors placed on top of each shoe, can sense when a user is walking and shut down control of the arm. With us to demonstrate the Gen3 were Veterans Arthur McAuley and Frederick Downs Jr. (As many of you may remember, Downs is former director of VA’s Prosthetic and Sensory Aids Service.)

More information about each of these firsts can be found at the Office of Research and Development website at www.research.va.gov. There you’ll find a new series of movies that capture the personal perspectives of Veterans whose lives have been improved by VA Research.

As these movies show, the role played by Veteran volunteers in helping to further research advancements cannot be overstated. That is why we were again fortunate this year to hear in person from several such volunteers, who joined a Forum discussion led by Veteran and country singer Stephen Cochran.

Beyond the Beltway, more than 30 VA medical centers sponsored field events ranging from lectures and symposiums to tours of research laboratories or clinical evaluations. Many of these events were coordinated with local partners such as Veterans Service Organizations and academic affiliates.

To see the wide range of activities sponsored, go to www.research.va.gov/researchweek/field_events.cfm. And to read more about this year’s Research Week activities overall, visit www.research.va.gov/researchweek.
VA has long been a leader in building the foundation for diversity in the federal workforce. Today, we are proud to usher in the next era in that continuing journey by announcing the new VA Diversity and Inclusion Strategic Plan for Fiscal Years 2012 to 2016.

VA’s Office of Diversity and Inclusion (ODI) has been in the vanguard of this effort by leading the development of the Department’s first strategic plan for diversity and inclusion in 2009. That plan, among the first of its kind in Cabinet-level departments, attracted the attention of other federal agencies and ultimately served as a model for the federal sector’s first Government-wide Strategic Plan for Diversity and Inclusion. We are proud that this work culminated in President Obama issuing the landmark Executive Order 13583, “Establishing a Coordinated Government-Wide Initiative to Promote Diversity and Inclusion in the Federal Workforce” in 2011.

As President Obama stated in that order, “We are at our best when we draw on the talents of all parts of our society, and our greatest accomplishments are achieved when diverse perspectives are brought to bear to overcome our greatest challenges.” To that end, the Executive Order directed all federal agencies to develop their own diversity and inclusion strategic plans, in alignment with the new government-wide plan. We in VA know that to meet the challenges of this millennium, we must infuse diversity and inclusion into everything we do, and we must have a plan to execute this.

The VA Diversity and Inclusion Strategic Plan was developed in collaboration with VA’s internal organizational components and represents the interests and contributions of its stakeholders. The new plan builds on the foundation laid in 2009 and expands the focus to go beyond diversity to full organizational inclusion to achieve high performance. VA’s plan contains the following three overarching goals: A Diverse Workforce; An Inclusive Workplace; and Outstanding Public Service. Together, these goals create a framework for building a high-performing workforce in service to our Veterans.

In the FY 2012–2016 plan, we reiterate the business case for diversity in VA and introduce a new paradigm linking workplace inclusion to high performance in the 21st century. Inclusion is the latest evolution in the equal employment opportunity and diversity continuum, and represents a transformative dynamic in organizational performance. It is the process of enabling the full participation of all individuals in the workforce and leveraging the diverse talent and perspectives to achieve greater performance outcomes. This is more than outreach; it is a deliberate strategy to empower human differences to harness the creativity and innovation that it yields as a strategic asset.

While diversity outreach is externally focused, inclusion focuses on the internal organizational culture and retention strategies to fully engage all of our human resources. Some of the strategies under this goal include accommodating different employee needs and work styles, developing employees and future leaders, and re-engineering internal processes to promote optimum employee engagement in support of the mission.

The plan also focuses on leadership and accountability to ensure we make measurable progress toward achieving our goals. To measure our progress in these areas, ODI developed two new groundbreaking metrics: a Diversity Index and an Inclusion Index. These indices are now being considered for federal government-wide use. Other strategies under this goal include cultural competency training for all employees; strengthening stakeholder relations; and leadership training and accountability in diversity and inclusion.

As always, the protection of civil rights of all individuals in the workplace is foundational to our diversity and inclusion strategy. Diversity without equity cannot thrive, and diversity without inclusion will not work. Together, these three dimensions create synergy for high performance. Implicit in the business case for diversity and inclusion is the notion that diversity goes beyond our race and gender to include the diversity of thought that accompanies our physical identity. It is the inextricable link between who we are and how we think that makes diversity such a potent ingredient in organizational performance.

I encourage you to visit our website to view this plan at www.diversity.va.gov/products/plan.aspx and share it with your colleagues. Also available for your viewing is the most recent VA Diversity and Inclusion Annual Report, which chronicles VA’s progress toward meeting the goals and objectives of the Diversity and Inclusion Strategic Plan.

It is our collective responsibility to ensure that VA embraces diversity and inclusion throughout our Department so that we can deliver the best service to our nation’s Veterans.
The trust Veterans have in VA is central to our mission—it enables us to provide care, administer benefits and continue services. Every volunteer, affiliate, contractor and employee plays a role in securing Veterans’ trust by safeguarding their information. The Continuous Readiness in Information Security Program, or CRISP, calls on each of us to be a Security Sentry—the eyes and ears of information security.

As noted by Secretary of Veterans Affairs Eric K. Shinseki: “The trust Veterans have in us as a Department and as individuals depends on our ability to constantly and consistently protect their information from exposure and ever-increasing cyber risks.”

Most risks to information security occur when we are not paying attention or make simple mistakes, such as chatting about personally identifiable information, or PII, in public areas or erroneously faxing patient information. Our workspaces have many access points, inside and outside, where information can be misplaced, lost or stolen. Our work relies on computer systems that are made vulnerable through unknowing misuse or even illegal use. By paying closer attention, we can and will prevent these risks. CRISP is a call to action to adopt information security habits to make us a Security Sentry culture.

VA’s technology community has played a major role in securing information security risks. Over the course of a few months, the Office of Information and Technology has removed vulnerabilities and improved capabilities across VA information systems—300,000 plan of action milestones, 13,000 password risks, nearly 8,000 access risks, and more than 500 system risks were addressed and resolved.
All Information Security Officers continue to work closely with VA organizations to assure that the high security standards of CRISP are carried forward in the future. Although the VA technology infrastructure is safer than it has ever been, we continue to make it stronger by securing sensitive information.

A notable change in VA culture is the adherence to information security training. As of April, 99 percent of all VA personnel had completed their training. On April 1, all new residents, trainees and contractors began to take privacy and information security training through the VA Talent Management System. Annually, more than 120,000 trainees spend time in VA medical centers for clinical training. The increases in role-based training enable everyone to take part in CRISP, reaffirming Veterans’ trust that we are keeping their information secure.

To nurture the emerging culture of CRISP, we have distributed messages in many forms, including engaging online activities, Hey VA! announcements and short surveys to improve your understanding of the CRISP message. Based on your survey responses, we estimate that the average VA employee has received five or more messages on CRISP. We also learned that you would like to see meaningful local engagement, such as town halls and staff briefings.

The ultimate goal is to see the CRISP culture come from individual communities. Recently, a regional office ISO posted a video on YouTube to continue CRISP in his own community. This is only the beginning of the creativity and thoughtfulness that will make CRISP an ingrained part of VA culture.

CRISP is a community and individual effort. CRISP messages and communications are already springing up in community circles, at VAMCs and regional offices. Those on the front line of caring for Veterans act like members of a Neighborhood Watch program, a community where neighbors care about and protect each other. CRISP encourages the same sense of community, starting with mutual security and awareness of potential threats.

We are at the forefront of protecting sensitive information; as such, we are adding value by driving originality at the local level. To support your innovation, the CRISP Communications Team is building online experiences and tools to help you better apply the vision of CRISP in your community. These include an online CRISP self-survey tool, peer-to-peer recognition, online newsreels, online polls, blogs, comment cards and social site feeds.

The call to action for all of us is to incorporate the following CRISP goals in our VA communities:

- Protect the trust relationship with every Veteran.
- Promote key information security habits in all VA personnel.
- Optimize the potential of technology in information security.
- Streamline the administration of information security.

The CRISP website is a resource for the VA workforce. The site provides videos, a communications library and other tools. The library is a quick source for discussion topics, talking points and frequently asked questions. Some of the materials are useful for facility-level printing and distribution, such as reminder cards and posters. The site also includes a general presentation with thoughtful metaphors that are easily adaptable for your team.

Being a Security Sentry is a choice we make. No matter what role we play in VA, we always need to be mindful of our duty to be vigilant in Securing Care for Veterans.

For more information about CRISP and to find out ways to advance CRISP in your community, check out the tools on the CRISP website at vaww.vhaco.va.gov/CRISP, or send the CRISP Communications Team an email at CRISP@va.gov. You can also contact your local Information Security Officer, who can discuss CRISP with you and your team, at vaww.info.protection.va.gov/ISO-PO-Locator.

By Jeff Shyshka

Editor’s note: The author is deputy chief information officer, Service Delivery and Engineering, Office of Information and Technology.
Not so long ago, Charlie Selby would have described himself as a frustrated and disgruntled Vet who felt like he wasn’t getting the help that he needed or deserved. As an Army Veteran with seven years of active duty service during both the Gulf War and Operation Iraqi Freedom, and 14 years of service in the reserves, he knows what it takes to get a job done. Yet, he just couldn’t seem to navigate VA or get what he needed.

Transitioning from active duty brought a host of challenges, including trying to learn what benefits he was eligible for, submitting the right claims documents and supporting information, getting doctor appointments to review his compensation claims, and the list goes on.

On top of that, Selby is a self-described “control freak who has way too much going on” in his life. “My job is busy,” he says, “and I still do Army Reserve. I have a 15-year-old son who I like to spend time with and watch his hockey games. And I have an old house that demands constant painting and remodeling.”

When it comes to getting what he needs from VA, Selby is laser-focused: “I want to know what’s go-
ing on with my VA benefits at every step. I don’t want to wait on a phone for someone to try and answer my question. If I wake up at 2 a.m. with a question, or I need to find information, I want to be able to get it when I want, regardless of the time.”

For Selby and more than 1.4 million other Veterans, the VA and Department of Defense-sponsored eBenefits Web portal, www.ebenefits.va.gov, has provided the solution. eBenefits is a virtual lifetime electronic Web-based portal that serves military men and women as they begin their military service, and continues to support Veterans after they transition to civilian status.

Through eBenefits, users can apply for benefits, download their DD-214 Certificate of Release or Discharge from Active Duty, and see the status of their VA disability compensation claim. Service members, Veterans and family members can all register to use the site, giving them access to the portal’s secure features, and allowing site information to be personalized to their needs.

Other features of the site include the capabilities to generate a Civil Service Preference letter for federal hiring; monitor select compensation and pension benefit information; take free online courses, including a highly-rated Transition Assistance Program class; and review Veterans’ Claims and Appeal status. In all, the site currently offers more than 41 self-service features that are available 24 hours a day, seven days a week. More features are being added every quarter.

“Please, please encourage [service members and Veterans] to enroll in eBenefits,” Allison A. Hickey, VA’s Under Secretary for Benefits, recently told the Military Officers Association of America. “They will have access and information in their hands that will expand their ability to leverage the entitlements they have earned and deserve.”

Under Secretary Hickey has made it “one of my big, big goals” to make it simpler for service members and Veterans to enroll at the site. In April, VA announced that Veterans can now use a new online authentication wizard to verify their identity and access the secure areas of the eBenefits website. Before that, many users had to go in person to a VA regional office, Tricare Service Center, or call the VA toll-free number before they could obtain Premium Level access to the site and all of its features.

VA is committed to modernizing its infrastructure and improving customer service to give Veterans and service members what they deserve and need. One important area of focus is jobs. VA knows there are many Veterans looking for work. With the upcoming “VA for Vets” capability, Veterans will be able to search for employment within VA and receive employment counseling and support.

Other features coming soon include new updates to the existing payment history feature to allow users to view new payment types and any debts. Veterans will also be able to apply for both compensation and pension benefits by using a wizard-type tool. The new tool will guide users through the online compensation and pension application processes through a series of easy-to-follow steps and questions.

“There are a bunch of things that I can do for myself, such as verifying my Veteran status, applying for jobs, and submitting a claim,” says Selby, who is the deputy director of VA’s National Veterans Outreach Office in the Office of Public and Intergovernmental Affairs. “I’m pretty much the lowest common denominator in terms of Web savviness, so if I can use eBenefits effectively, it has got to be pretty easy to use.”

The eBenefits initiative is an important part of the Veterans Benefits Administration’s transformation efforts to move to a new model of paperless processing of claims and a total, lifelong engagement with Veterans, service members, and their families and survivors. VBA is defining and implementing a new, integrated and comprehensive system that will address its claims backlog, freeing up resources that can be realigned to better meet Veterans’ long-term needs.

The digitally ready files and claims documents in eBenefits allow enrollees to submit their claims. This is part of VBA’s technology transformation strategy that will eventually drive those seeking benefits through the “front door” of eBenefits and into a paperless environment.

“Seventy-three percent of our service members and Veterans have told us they want to meet us online,” says Under Secretary Hickey. More than 1.4 million Veterans are currently enrolled to use the site, and they are being joined by more than 35,000 new users every month.

eBenefits was established as part of the President’s Commission on Care for America’s Returning Wounded Warriors, also known as the Dole-Shalala Commission. The Commission recommended the creation of a Web portal to provide a single and transparent access point for online benefits, related content, and services.

eBenefits is the way I get the information I need to keep track of VA,” says Selby. “Just because I work at VA doesn’t mean I always know what is going on with my claims and information. eBenefits helps answer my questions and gives me the status updates I want. Now that I have access to eBenefits, I can tell that they have my stuff, and when they are doing things with it, I can now see and have visual proof of what is happening, and can track if they are taking too long.

“Look, I’m crazy busy,” he concludes. “It’s great that eBenefits is always there now.”

“I want to know what’s going on with my VA benefits at every step.”
A Unique Perspective on Art

Veteran artist taps Wheelchair Games athletes to offer a rare opportunity for his students.

College students in Richmond, Va., got more from a spring semester art course than they’d signed up for. Virginia Commonwealth University adjunct professor Michael D. Fay, a Vietnam era Veteran who also deployed to Afghanistan and Iraq as a Marine Corps combat artist, took advantage of a rare and fleeting opportunity for his students, as the Hunter Holmes McGuire VA Medical Center in Richmond prepares to host the 32nd Annual National Veterans Wheelchair Games June 25-30.

Fay, who teaches a reportage drawing class at VCU, arranged with VA and Paralyzed Veterans of America officials for VCU art students to create portraits of Wheelchair Games competitors, influenced by interviews the students conducted with them.

Reportage art is an intimate form of journalism that employs "slowed vision" by visually documenting personal stories. Drawing takes time, and the rapport between artist and subject often leads to images more powerful than those captured by the blink of a camera. The experience of the interview offered students insights into the culture of disabled combat Veterans. That perspective should affect the outcome of their work.

"This is an experience they will carry with them beyond the portraits, into the rest of their lives," said Alison Faulk, Local Organizing Committee chair for the Games. Faulk added that the students will most likely share the perspective they gain from interaction with Veterans.

The National Veterans Wheelchair Games, presented by VA and PVA, is a multi-event sports and rehabilitation program for Veterans who use wheelchairs for sports competition due to spinal cord injuries, neurological conditions, amputations or other mobility impairments. Attracting more than 500 athletes each year to compete in 17 competitive events, including weightlifting, swimming, archery and handcycling, the Games is the largest annual wheelchair sports event in the world.

Students met with local Veteran athletes as they practiced their specialties at the Richmond VA April 9 to complete their reportage artwork, which will be displayed at the Virginia War Memorial during the week of the Games.

The class is new at VCU, offered through the de-

Veteran athlete John Jackson poses for a profile view during a portrait session, as students from Virginia Commonwealth University work to capture the essence of his athletic participation. Jackson was among a group of athletes preparing for the 32nd Annual National Veterans Wheelchair Games who volunteered to work with the students on a project to be featured during the Games.
Fay’s artwork has been published in the Marine Corps Combat Art collection, the National Museum of the Marine Corps, and Leatherneck magazine, the official magazine of the Marine Corps. His written work has appeared in The New York Times.

Veterans will travel from all over the United States, Puerto Rico and Great Britain to participate in the 32nd annual Wheelchair Games, featuring athletic events throughout the Richmond area. The Games return this year to the site of the very first Wheelchair Games in 1981.

By Steve Wilkins
The World Health Organization estimates that at least 80 percent of all heart disease, stroke and type 2 diabetes cases are preventable if people stop smoking, eat healthfully and get in shape.

Support for Kicking the Habit

Helping Veterans be among the 3 million Americans who successfully quit smoking each year.

The bad news: About 440,000 Americans die each year from tobacco-related illnesses. The good news: More than 3 million Americans successfully quit smoking each year, and VA can help Veterans join that group.

“VA medical centers across the country have tobacco cessation support programs for our Veterans,” said Patrick Smart, a Health Promotion Disease Prevention Program manager at the Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, Wash. “These programs will guide them through lessons that can be accessed online or in person, including information about preparing to quit, tips on quit day, overcoming roadblocks, getting used to life as a tobacco-free person, and strategies to help them remain abstinent.”

Smart, who helps teach a tobacco cessation class one day each week at the medical center, said peer support is a major factor in quitting the tobacco habit.

“We had one Veteran in our class who was at 20 cigarettes a day,” he said. “One week later, he was down to two a day. Then, when he showed up for class the following week, he had gone back up to three. He was discouraged. He was really beating himself up over that. But we told him, ‘Look at where you are today compared to where you were … look at your progress!’ Then the other Vets in the class jumped in and gave him a lot of affirmation. You could see the guy just sitting there, letting it all sink in. Then he smiled and said, ‘Yeah, I am doing a good job, aren’t I?’

“Your fellow Veterans who are also trying to quit can be a source of strength and motivation for you,” Smart said. “You’re all going through the same battle together.”

Veteran Kenneth Thrower entered Walla Walla’s Tobacco Cessation Program in November of last year. He said peer support was a significant factor in helping him quit the habit. “I felt like I wasn’t alone,” he observed. “I was with other people who were trying to do the same thing I was. It was very helpful.”

Dr. Jameson Lontz, a psychologist and lead clinician for Walla Walla’s Tobacco Cessation Program, said Thrower experienced a number of relapses while trying to kick the habit, but stuck with the program. “We call those ‘practice quits,’” Lontz said. “Kenneth had a lot of practice quits, but then he started making progress in leaps and bounds. Now he’s our poster child.”

“I went from a carton to three packs, then to one pack,” Thrower said. “Once I got down to one pack, I would just smoke half a cigarette. It was easier to manage once I got to one pack. Now I’m down to zero. I’m on the patch.”

“Let’s face it,” Lontz said. “When someone decides to give up smoking, they’ve made a decision to give up
Vanguard • May/June 2012

Lontz likes to think of his seven-week tobacco cessation program, which currently has 40 participants, as a train that runs in a continuous circle around a city. “You can get off the train anytime, at any location you want,” he explained. “You can get back on the train anytime you want. You know the train will always be there.”

He explained that Walla Walla’s tobacco cessation program uses a combination of group sessions and individual counseling, as well as nicotine replacement medications for those who need them.

“Human beings are amazing creatures who can solve most of their problems if they just have the education and the support,” Lontz added. “So that’s what we try to give them. I ask their permission, and then provide the education. We don’t judge them. We just try to build them up. And we let them know we have tremendous confidence in them.”

By Tom Cramer

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He explained that Walla Walla’s tobacco cessation program uses a combination of group sessions and individual counseling, as well as nicotine replacement medications for those who need them.

“And even when the Veteran isn’t ready to quit, we never give up on them,” Lontz said. “We always leave the door open by letting Veterans know that when they’re ready to quit, we’ll be right here to help.”

By Tom Cramer

Veteran Kenneth Thrower, left, discusses his tobacco cessation game plan with Disease Prevention Program Manager Patrick Smart, center, and Dr. Jameson Lontz, lead clinician for the Walla Walla VA’s Tobacco Cessation Program.
In the fall of 2008, Veteran John Antonizio was referred to Erinn Raimondi in the Providence (R.I.) VA Medical Center’s Occupational Therapy Department for ulnar neuropathy. Antonizio declined to be seen at that time. “The doctor is running more tests,” he said. “Let’s just wait and see what happens.”

Two months later, Raimondi received another consult on Antonizio. This time, the diagnosis wasn’t ulnar neuropathy—it was ALS. From that moment on, Raimondi and Antonizio would work together, forging a path into the unknown for equipment, therapy protocols and resources.

Months passed before Antonizio made his way to the Spinal Cord Injury, or SCI, Clinic, where he was provided with interdisciplinary care. “There were so many questions left unanswered,” Raimondi recalled, “but at least now there were more hands carving the path.”

ALS, or amyotrophic lateral sclerosis, also known as Lou Gehrig’s disease, is a progressive neurodegenerative disease that affects nerve cells in the brain and spinal cord. There is no known cure. Patients diagnosed with ALS not only have to face the grim reality that they will lose their ability to function physically, but also must struggle with knowing that they will continue to remain cognitively intact.

For the rest of their lives, patients with ALS and their families will face struggles of unimaginable proportions.

Forging a Path Into the Unknown

Providence initiative helps ALS patients navigate the VA health care system.
The project is currently on phase IV—the final phase—which consists of completing a comprehensive professional resource guide and educating staff within the Providence VAMC on the availability of the ALS clinic. The patient resource guide was actually the brainchild of another Veteran with ALS—William (Bill) Szeliga. Szeliga is the archetypal well-educated and self-advocating Veteran. Having nobody to help navigate his path, he forged ahead on tips and hints from different departments. One day he asked Raimondi why there wasn’t a resource guide—why Veterans couldn’t have a resource that would help them with all the available services. “How hard could it be to put a few things down on paper?” Raimondi thought. Szeliga got the ball rolling by providing Raimondi with a typed, four-page list of resources. Soon, the patient resource guide began to take shape with the input of clinicians, staff and other ALS patients. The patient resource guide includes the names and contact information for all of the key ALS team members, a list of all of the services VA can provide on an as-needed basis, and a wealth of information on equipment, grants and additional support systems. Raimondi hopes this project will serve as a VA best practice—to set what she calls “the gold standard of care, when there are no more John Antonizios or Bill Szeligas having to carve a path to the great care VA can offer during this difficult journey.”

Phase I emphasized the need to decrease the wait time from diagnosis to initial visit to the SCI/ALS clinic. It also paved the way for ensuring that every piece of equipment for a patient was ordered in a timely fashion under the “STAT” (priority) category. Phase II took the clinic further into patient-centered care by increasing the number of open slots each month from two to four and offering both a morning and an afternoon schedule to better accommodate patient and family needs. Phase III focused heavily on clinical documentation to ensure that all information was being captured and that documentation was occurring in a timely and consistent manner. This phase also included work on the clinician toolkit and addressing patients’ questions about equipment and equipment return policies.

ALS, or amyotrophic lateral sclerosis, also known as Lou Gehrig’s disease, is a progressive neurodegenerative disease that affects nerve cells in the brain and spinal cord.
As Americans, we believe there are things worth fighting for and sometimes even worth dying for.” These were the words of Under Secretary for Memorial Affairs Steve L. Muro, speaking at the groundbreaking ceremony of the Louisiana National Cemetery.

More than 300 Veterans and patriotic citizens turned out on a sunny morning in Zachary, La., for the dedication and plaque unveiling. The event, held March 24, marked the National Cemetery Administration’s 17th dedication of a new cemetery in the past decade.

The Louisiana National Cemetery is located about 1.5 miles from the historic Port Hudson National Cemetery, where nearly 4,500 American soldiers, Confederate and Union, were killed during the Civil War. The grounds were first used as a cemetery in 1863. In 1866, the federal government appropriated 8.4 acres of land and declared the site a national cemetery.

In his keynote address, VA Secretary Eric K. Shinseki expressed his gratitude for the service given by Louisiana Veterans. “From the siege of Port Hudson, to the battlefields of Europe, the Pacific, the Korean Peninsula, Vietnam, Kuwait, Iraq and Afghanistan,” he said, “Louisianans have answered the call to duty with courage and, always, with great sacrifice.

“Though Port Hudson will close to new interments later this summer,” Shinseki added, “the annex we are dedicating today will enable us to keep faith with Louisiana’s Veterans and their families for many years to come.”

The Secretary also made reference to the nearby Civil War battles, quoting President Abraham Lincoln. “At solemn ceremonies like this one, especially in places with such historic significance, it is difficult to find adequate words,” he said.

“Almost 148 years ago, President Lincoln faced the same challenge, and his words then are eloquent and timeless today: ‘In a larger sense, we cannot dedicate, we cannot consecrate, we cannot hallow this ground. The brave men, living and dead, who struggled here, have hallowed it, far above our poor power to add or detract.’”

Under Secretary Muro, comment-
Retired Army Lt. Gen. Russel Honoré, who led emergency response teams in the aftermath of Hurricane Katrina, served as master of ceremonies for the dedication ceremony.

“As you can see, it takes much effort and many people for ceremonies such as these to take place, but everyone worked together to make it happen,” Kern said. “We are one VA with one common goal: to provide benefits and services to our nation’s Veterans and families.”

The dedication was graced with the presence of Lt. Gen. Russel L. Honoré, Louisiana’s “Category 5 general,” who led emergency response teams in the Hurricane Katrina aftermath, serving as master of ceremonies. Also in attendance were Louisiana Department of Veterans Affairs Secretary Lane Carson, who gave remarks, and VA Chaplain Service Director Keith Etheridge, who offered the prayer of dedication.

The U.S. Navy Band New Orleans played the national anthem, taps and a medley of service songs. Weapons Company, 3rd Battalion, 23rd Marines, provided the Presentation of Colors and a rifle salute. Richard Brandt, commandant, Marine Corps League, Choctaw Detachment, led the Pledge of Allegiance. The Zachary High School Junior ROTC and Boy Scout Troop 472 also provided assistance.

The Louisiana National Cemetery occupies 103.8 acres of land just north of the State Capitol. The cemetery will provide a full range of burial alternatives to approximately 293,000 area Veterans and eligible family members. First burials are expected to take place this summer.

By Richelle Taylor
Dr. Mike McBride went from a successful practice helping children and teens with psychiatric issues, to running mental health triage for planeloads of injured soldiers from Iraq, many with missing limbs and traumatic wounds that ran deeper than flesh.

And in the process, already in his late 40s, he found a passion and calling he never knew was possible.

McBride, a Milwaukee VA psychiatrist, spent eight years in the Army and four deployments helping soldiers with the mental wounds of war. It was tough work. He thought he'd had enough. Then he had second thoughts.

So on Dec. 30, 2011, he signed up to do it again—this time as a Navy officer. His commissioning ceremony at the Milwaukee VA also came with a promotion to commander.

Now he hopes he'll soon get his fifth crack at deployment, this time working with Marines in Afghanistan. In the meantime, he'll continue doing his job at the Milwaukee VA, a position he's held since 2007.

His work in and for the military is something he never thought he'd do. A case of mumps—a year before the vaccine—left him hearing-impaired. His father was drafted and served as a Navy doctor during the Vietnam War, but “I never thought the military would take me at all,” McBride said. “It wasn’t until 9/11 that I thought about it, and one of my [medical practice] partners told me it was a different world—things had changed and the Army wanted doctors.”

McBride was 40 years old and part of a mental health practice in Aurora, Wis., when he joined the Army Reserve as a captain in 2003.

“I thought they’d use me for back-fill while the active-duty doctors went overseas,” he said. “But Iraq started saber-rattling in March 2003, the war started in April, and by summer I was at Landstuhl [Medical Center] in Germany.”

By the time Iraq fell in the fall...
of 2003 and roadside bombs became prevalent, scores of wounded were evacuated every day to Germany.

“My commander wanted me to see every blast-injured soldier who came through,” he said. “It was like a scene from ‘M*A*S*H.’ We were getting 30 to 60 new wounded each day. I was working my shift, talking to soldiers who were dealing with amputations they’d had just that day.”

McBride was soon back home and resumed his practice, but the four-month tour left an indelible mark.

“There was a certain amount of readjustment,” he said, “and you come home thinking about the people still serving over there.”

In 2005, he knew it was only a matter of time before he’d be deployed back to Germany for another four months.

“My partners did a good job managing the work and the families I had been treating the first time,” he said, “but it was more difficult the second time around, and I knew I was doing a disservice to those families if I was going to be gone for a long period.”

Just as his number was about to come up for a third deployment in 2007, he got a call from Mental Health Division Manager Dr. Rich Gibson at the Milwaukee VA. Gibson knew about McBride’s deployments and wanted to hear his ideas about treating young Veterans who were starting to come to VA in droves. By the end of the meeting, Gibson offered him a job.

“It just made a lot of sense,” McBride said. “They knew I was in the reserves, they knew I could deploy and that was just part of it. We have people who work here every day who deploy and then come back. It’s part of our mission.”

McBride next did a deployment to Camp Liberty in Iraq, beginning in December 2007.

“I never thought this would happen when I joined,” he said. “Even on a camp, it was dangerous. Doctors were dying from mortar attacks. The rockets come in whether you’re in a convoy or on a camp. There’s really no break from that.”

With no replacement in sight, he spent nine months in country as the officer in charge of the 785th Combat Stress Company.

He found himself helping not only soldiers with battle wounds, but also those dealing with divorce and other stresses of long-term deployments. As he walked into the chow hall one day and saw the diversity of soldiers, all from different backgrounds, it was a bit of an epiphany.

“This was America,” he said. “This is what it meant to be an American. To go overseas and give up all your comforts, and yet everybody is working together for a greater purpose. I never understood that before the military.”

McBride said he started to see more and more the side effects of the prolonged war when he went back to Iraq in January 2010.

“The soldiers were worn out from fighting two wars,” he said. “Medical support was reduced, but we still had the same number of combat troops to treat, and we were understaffed. Rockets could come in anywhere, anywhere. Nobody felt safe.”

Finally, it felt like enough. Soon after returning home, the Army asked if he wanted to sign on for a few more years. He said, “No, thanks.”

But those years spent treating the battle-wounded and weary helped make him just as successful back at the Milwaukee VA, where he interacted daily with hundreds of military troops who fought the same war.

Many of them posted on Facebook after his Navy ceremony and said he has made a difference.

“Great man and healer,” one person wrote. “The only psychiatrist I know who has been over there and gets it. Thanks for giving back to your fellow warriors and continuing to serve. I salute you, Doc.”

McBride modestly waves off the compliment.

“I think it helps that I was over there, but I’m not the best psychiatrist here. My experience complements our team, but our entire Mental Health team is a strong group of dedicated, devoted and very professional people who truly do care.”

McBride’s office is decorated with the souvenirs of war—photos from past deployments and mementos of his time in Iraq and Germany. For many who come to him for healing, it provides an opening and lets them know he understands.

He said it’s those he treats who convinced him there was still work to do.

“Many of these people would do anything to continue serving, to go back over there, but they can’t because of their injuries. It’s the whole idea of sacrifice. And I thought, this is my shame. I’m sitting here. I can go back over and they can’t.”

McBride made his latest commissioning ceremony a family and military affair. He took the oath while his father held one side of an American flag, and his father-in-law, Carl John, also a Veteran, held the other side. The flag was a gift to McBride from his battle buddies in Iraq.

And lest anyone think he wanted the ceremony to be all about him, McBride took a detour from his planned remarks and made a point to individually recognize everyone in the room who served in the military, by name and when they served.

“I had a whole other speech prepared, but when we talk about the war, and the sacrifices people make, it is the Veterans who truly understand that, and that’s the point I wanted to make.”

He doesn’t know when he’ll pack his bags and go again, but he already told the brass he is ready and willing to go.

And so he’ll do what he’s done before, just in another uniform. After all, there’s more work to be done.

By Gary J. Kunich
A RELAXING VACATION? Not for This VA Doctor
Emergency medicine is often stressful and complex, with doctors given little time for contemplation as they make critical medical decisions that may mean the difference between life and death.

Many doctors like to take relaxing vacations to island getaways or resorts to escape the pressure. Dr. Jim Johnson is not one of those doctors. Johnson, who has been working in emergency medicine for 12 years and serves as chief of the Emergency Department at the Charles George VA Medical Center in Asheville, N.C., chooses to "get away from it all" by going on trips to Third World countries in support of medical and humanitarian missions.

In early April, Johnson and 11 other people from Asheville traveled to Bolivia to work at a home for orphaned and abandoned children. The volunteer team also included a Veteran, Charlie Burns, who receives care at the Charles George VAMC. Burns is a retired roofer with decades of experience in home construction. While in Bolivia, he and Johnson worked side-by-side hauling rocks, mixing concrete and doing other low-skilled labor for the orphanage while living in the remote village of Tacachia, nestled deep in the Andes of South America.

Life is Tacachia is primitive. The village has limited access to electricity and there is no running water or indoor plumbing and certainly no access to cell phones or Internet. There are no diesel machines or other power tools to help with the work. There is also no “Casa Depot” nearby if you need to pick up more supplies.

With limited equipment, work is planned carefully and executed with manual labor—lots of manual labor. This year, Johnson and Burns helped two nurses, Lisa Banks and Stephanie Carte, who work at Mission Hospital in Asheville, Johnson performed more than 100 exams in a single day.

The examinations of Bolivians were a far cry from a typical day in the Emergency Department back at the Asheville VA. People of all ages and conditions came to see Johnson as he assessed their health, provided them with medical supplies, and gave them advice on how to seek additional treatments or improve their health. There were no eligibility checks or electronic charting, just a doctor and nurses working directly with the local Bolivians to provide the best care possible.

Burns spent his time in the city doing roof repair and constructing “Peace Poles” that will be installed at the children’s home. Burns works with homeless Veterans in western North Carolina, and the peace poles are similar to ones that he has constructed and installed there. The wooden poles constructed in Bolivia are approximately 10 feet high, four-sided, and inscribed in English, Spanish, Aymaran, and Quechuan with the words: “May Peace Prevail Upon the Earth.”

This was not your typical vacation. Then again, Johnson and Burns are not your typical doctor and Veteran.

By Randy McCracken
Help for Veteran Business Owners, Job Seekers

Detroit event expected to draw thousands of participants.

The National Veterans Small Business Conference, the government’s premier event for Veteran-owned small businesses, will take place at Detroit’s Cobo Center June 26-29 in conjunction with a VA for Vets Hiring Fair and open house June 26-28.

While the conference is expected to inject an estimated $3 million into the local economy, the big winners are expected to be Veteran-owned businesses and Veterans looking for a job.

“VA is committed to bringing more Veteran-owned businesses into the public-private partnership,” said VA Chief of Staff John Gingrich. “In addition to the National Veterans Small Business Conference, our Detroit Hiring Fair will provide Veterans with on-site interviews and job opportunities, while also offering career search classes and one-on-one coaching.”

Last year’s National Veterans Small Business Conference and Expo in New Orleans drew almost 5,000 attendees, and more than 6,000 participants are expected this year. The Small Business Conference and Expo afforded Veteran-owned businesses an opportunity not only to network with other Veteran-owned small businesses, but also to build relationships with federal agencies that contract for their goods and services, as well as larger businesses looking for qualified and experienced subcontractors necessary to successfully do business with the government.

This year’s conference will also include an open house that gives Veterans the chance to learn the wide range of resources available to help them with their own businesses. Also available will be the VetGovPartner online platform, which enables networking, viewing the business profiles of all participants, and identifying business opportunities with more than 400 government procurement decision makers in attendance.

Technically separate from the Small Business Conference, the VA for Vets Hiring Fair will afford thousands of Veteran job seekers the opportunity to not only navigate the maze of federal employment, but also give them a competitive edge to assist in landing the right job.

The event is modeled after VA’s successful event held Jan. 18 in Washington, D.C., at which a partnership of federal agencies and private industry attracted more than 4,100 Veter-
After successfully launching on Veterans Day 2011, VA for Vets is changing how the federal government approaches recruiting, hiring and retaining talented Veterans to its workforce. The program is pioneering initiatives that will expand its high tech, high touch solutions to reach a greater pool of Veteran job seekers.

VA for Vets is the flagship initiative of the Veteran Employment Services Office. VEso provides oversight of all VA Veteran employment initiatives, and as such, is the first office of its kind in the federal government. Mary M. Santiago, VEso director, held the large-scale Veteran career Fair & Expo in Washington, D.C., this past January, where more than 500 Veterans were hired.

“We are very proud of the program’s accomplishments to date and the impact that VA for Vets is making in the lives of so many Veterans,” said Santiago, “but we are moving full speed ahead to ensure that all our nation’s Veterans have the support they need to find a meaningful career.”

So what’s in store for VA for Vets?

■ Veteran Hiring Fair: VA for Vets will host a large-scale Veteran Hiring Fair June 26 through 28 at Detroit’s Cobo Center. With free training sessions and personalized coaching sessions, attendees have the opportunity to build stronger resumes and master interview techniques. Hundreds of public and private sector employees will be onsite to interview and potentially hire for open positions. Thousands of Veterans are expected to attend. Visit the event website at www.VAforVets.VA.gov/Detroit to register and learn more.

■ Veterans Onboarding and Mentoring Program: Transitioning from military service to a VA career is a cultural adjustment for new employees, who may need additional support to fully acclimate. For that reason, the VA for Vets onboarding and mentoring program partners new Veteran hires with seasoned VA employees to build a foundation for long-term professional growth. Learn more about the Veterans onboarding and mentoring program at www.VAforVets.VA.gov/employees/veteranprograms/VeteransOnboarding

■ Building the Federal Platform: The VA for Vets Career Center offers one of the most robust, full spectrum job search functions in the federal government. Beginning this summer, the Career Center will incorporate open positions from the Department of Defense, with plans to expand to all government jobs. Check out the VA for Vets Career Center at www.VAforVets.VA.gov/career-center.
Known historically as the world’s capital for the transportation industry, the Detroit metro area is reinventing itself with six booming industries: medical research; defense; entertainment; green tech; urban farming; and aeronautics. About 330,000 Veterans are served by the city’s VA medical center, and more than 704,000 Veterans live in Michigan.

VA invites all interested people and businesses to attend. More information is available at www.nationalveteransconference.com for the small business conference, and those seeking employment can register for the hiring fair and open house at www.vaforvets.va.gov/Detroit. There is a registration fee for those attending the Veterans Small Business Conference; however, the hiring fair and open house are free for Veterans.

Last year’s National Veterans Small Business Conference and Expo in New Orleans drew almost 5,000 attendees. Last year’s National Veterans Small Business Conference and Expo in New Orleans drew almost 5,000 attendees.

ans and resulted in more than 2,600 on-the-spot interviews and more than 500 tentative job offers. When the D.C. event was all said and done, 123 Veterans had landed a job with VA, 114 with other agencies and 324 were hired by private companies.

Detroit is expected to see similar results, with more than 270 employers from both the public and private sectors on hand with thousands of jobs available and the capacity to conduct more than 3,000 interviews during the hiring fair.

“VA for Vets has been very successful,” said Mary M. Santiago, director of the Veteran Employment Services Office. “Through our hiring fairs and virtual events, we have been able to extend tentative job offers to more than 1,000 veterans in the 10 months since we stood up. These offers were in the federal government and private sector. Our Veterans deserve the best, and we are proud to partner with the private sector and the other federal agencies to serve those who have served our country.”

VA is also ensuring that at least 4,000 Veterans have an opportunity for training sessions, including resume building, interview techniques and a job seekers boot camp.

For Veterans registering and attending the open house, the Veterans Benefits Administration will have representatives from various benefit programs, including VA for Vets, MyCareer@VA and eBenefits, to provide on-site services. A Veterans Business Center will be set up for attendees to print resumes and supporting materials, and a trained staff will be on hand to ensure every Veteran is served.
In August 2011, Army Veteran Ray Nevala was working in his vegetable garden behind his home in Aurora, Minn., when he tripped, fell backward and broke his spinal cord.

For more than two hours, he lay between rows of carrots and green beans, staring at the sky, in 90-degree heat.

“I learned a lesson in the Army—don’t panic!” Nevala said. “When you’re in danger, stay calm.” But time was running out as the sun beamed down. Nevala was able to grab a carrot and suck enough moisture from the vegetable to keep him hydrated.

Then he heard a neighbor’s car door slam. And a few minutes later, a Doberman Pinscher (trained as a service dog) was staring down at Nevala. The neighbors soon followed. “No question about it,” said Nevala, “that dog saved my life.”

Today, Nevala is recovering from spinal cord surgery at the Minneapolis VA Spinal Cord Injury & Disorder, or SCI/D, Center. And he credits another dog—Jäger—with helping him get his life back.

Once a week, VA volunteers Jäger and his master Dee Dee Grant spend 30 minutes with Nevala working through a series of exercises designed to improve his arm and upper body strength. “Ray is building muscle by rubbing, touching and reaching out to the animal,” explained Occupational Therapist Mike Seabeck. “The goal of occupational therapy is to use everyday activity as therapy.”

The idea of using Jäger in Nevala’s rehab program began a few months ago when a therapist was escorting him down the hospital hallway and he stopped his wheelchair and reached out to touch Jäger. It was the first time that Nevala had moved his arm to that degree since spinal cord surgery.

Recreation therapist Janelle Gustafson, who works at the SCI/D Center, believed that a formalized program of animal assisted therapy, or AAT, might be a good way to enhance Nevala’s recovery. “We view recreation therapy as a way to improve function,” Gustafson said.

Clearly, Jäger enjoys his job. When Grant puts on her khaki vest and work pants at her home in Hudson, Wis., Jäger knows exactly where he is headed. “He whines in the car until we get here,” she said.

Jäger, a 7-year-old German Shepherd, has been an AAT-certified animal for two and a half years. When he walks through the halls, patients and staff are immediately drawn to him. Grant, staff and other volunteers are quick to remind people that hand hygiene is required for petting and participation in all animal visits.

“We’re protecting both patients and the dog from disease,” Grant explained. “We must remember that he comes here to work, not to play.”

Jäger and three other AAT dog teams have been part of interdisciplinary treatment teams on 4J at the Minneapolis VA through Recreation Therapy for about two years. Since December 2011, they have been working with Veterans on SCI/D as well. Therapy dogs work with Veterans who have sustained a traumatic brain injury, spinal cord injury/disorder, amputation or stroke.

“AAT is a goal-oriented therapy session, while other therapy dog visits are labeled animal assisted activities. These visits are also for inpatients throughout the hospital; they are less goal-focused, but do achieve the goal of lifting spirits and brightening the day of patients. Both opportunities allow for petting, storytelling, reminiscing and socialization.”

By Ralph Heussner

Editor’s note: Ray Nevala has since completed his therapy and returned home.
VA will add approximately 1,600 mental health clinicians, including nurses, psychiatrists, psychologists and social workers, as well as nearly 300 support staff, to its existing workforce of 20,590 mental health staff as part of an ongoing review of mental health operations.

“As the tide of war recedes, we have the opportunity, and the responsibility, to anticipate the needs of returning Veterans,” said VA Secretary Eric K. Shinseki. “History shows that the costs of war will continue to grow for a decade or more after the operational missions in Iraq and Afghanistan have ended. As more Veterans return home, we must ensure that all Veterans have access to quality mental health care.”

VA’s ongoing comprehensive review of mental health operations has indicated that some facilities require more mental health staff to serve the growing needs of Veterans. VA is moving quickly to address this top priority.

Based on this model for team delivery of outpatient mental health services, plus growth needs for the Veterans Crisis Line and anticipated increase in Compensation and Pension/Integrated Disability Evaluation System exams, VA projected the additional need for 1,900 clinical and clerical mental health staff at this time. As these increases are implemented, VA will continue to assess staffing levels.

“Mental health services must be closely aligned with Veterans’ needs and fully integrated with health care facility operations,” said VA Under Secretary for Health Dr. Robert Petzel. “Improving access to mental health services will help support the current and future Veterans who depend on VA for these vital services.”

VA allocated funds from the current budget to all 21 Veterans Integrated Service Networks, or VISNs, across the country in April to begin recruitment immediately.

In recent years, VA has devoted more people, programs and resources toward mental health services to serve the growing number of Veterans seeking mental health care from the Department. Last year, VA provided specialty mental health services to 1.3 million Veterans.

Since 2009, VA has increased the mental health care budget by 39 percent. Since 2007, VA has seen a 35 percent increase in the number of Veterans receiving mental health services, and a 41 percent increase in mental health staff.

VA has enhanced services by integrating mental health care into the primary care setting, developed an extensive suicide prevention program, and increased the number of vet centers. The Veterans Crisis Line has received more than 600,000 calls, resulting in more than 21,000 rescues of Veterans in immediate crisis.

The National Cemetery Administration recently realigned staff offices and implemented new office codes. NCA’s new organization chart and mail codes are located on the Intranet at www.nca.va.gov/nca/co_phone.asp. NCA’s office codes in VAIQ have changed and all workflows and assignments were converted to the new office codes. Please use NCA’s new office codes for VAIQ assignments and regular mail.
Joint VA/DOL Program Will Retrain 99,000 Unemployed Veterans

Unemployed Veterans between the ages of 35 and 60 can now apply for new benefits to cover education costs for up to one year through a joint Department of Veterans Affairs and Department of Labor program that focuses on retraining 99,000 Veterans for high-demand jobs.

As part of a provision in the Veterans Opportunity to Work, or VOW, to Hire Heroes Act of 2011, the Veteran Retraining Assistance Program, or VRAP, allows qualifying Veterans to receive up to 12 months of assistance equal to the full-time Montgomery GI Bill-Active Duty rate, currently $1,473 per month.

Veterans can apply for VRAP on a first-come, first-serve basis beginning May 15, 2012, for programs that begin on or after July 1, 2012. Assistance under this benefit program ends on March 31, 2014.

To complete an application, a Veteran will need to know his or her direct deposit information (bank routing number and account number), the name and location of his or her school, the program the Veteran wishes to pursue, and the applicable high-demand occupation.

To qualify, Veterans must:
- Be 35-60 years old, unemployed on the day of application, and not dishonorably discharged;
- Start education or training after July 1, 2012, in a VA-approved program of education offered by a community college or technical school leading to an associate degree, non-college degree or a certificate for a high-demand occupation as defined by the Labor Department;
- Not be eligible for any other VA education benefit program (e.g. Post-9/11 GI Bill, Montgomery GI Bill, Vocational Rehabilitation and Employment);
- Not be enrolled in a federal or state job-training program within the last 180 days; and
- Not receive VA compensation at the 100 percent rate due to individual unemployment.

Upon completion, the Labor Department will engage with participants within 30 days after their training to help them find good jobs that use their newly learned skills.

“This is a true example of interagency collaboration and we are committed to the full and speedy implementation of this program to ensure the success of our Veterans in the civilian labor market,” said Ismael “Junior” Ortiz, deputy assistant secretary for the Department of Labor’s Veterans Employment Training Service.

“We are working diligently with our partners around the country to ensure our Veterans have access to all the benefits and services to which they are entitled—especially when it comes to those unemployed,” added VA Under Secretary for Benefits Allison A. Hickey.

More Information

For more on VOW, VRAP, high demand occupations, and how to apply, Veterans can go to www.benefits.va.gov/VOW. Veterans can also access the VRAP application online through eBenefits at www.ebenefits.va.gov.

For more information on VOW, VRAP, high demand occupations, and how to apply, Veterans can go to the website at www.benefits.va.gov/VOW or call VA’s call centers toll free at 1-800-827-1000. Veterans can also access the VRAP application online at www.ebenefits.va.gov through eBenefits, a joint project of the Departments of Defense and Veterans Affairs.

Veterans are also encouraged to visit the nearly 3,000 One-Stop Career Centers across the nation for assistance from staff, Local Veterans’ Employment Representatives, or LVERS, and Disabled Veterans’ Outreach Program, or DVOP, specialists. To find the center nearest them, Veterans can visit www.servicelocator.org.

For more information about the Department of Labor’s Veterans programs, go to www.dol.gov/vets.
VA to Deploy New Operating Model for Disability Claims

National deployment of claims transformation initiatives will begin at 12 VA regional offices in the remaining months of fiscal year 2012 to improve benefits delivery to Veterans, families and their survivors.

“This is an important milestone in our transformation to achieve the goal we established in 2009 of processing all disability claims within 125 days at a 98 percent accuracy level in 2015,” said VA Secretary Eric K. Shinseki.

The 12 regional offices to begin the deployment of the transformation initiatives include: Huntington, W.Va.; Hartford, Conn.; Portland, Ore.; Houston; Cleveland; Des Moines, Iowa; Boise, Idaho; Phoenix; New Orleans; San Juan, Puerto Rico; Atlanta; and Newark, N.J. This deployment follows four pilot programs at Indianapolis, Wichita, Kan., Milwaukee, and Fort Harrison, Mont., in 2012.

VA’s transformation plan is based on more than 40 measures that were selected, evaluated, tested and measured from more than 600 stakeholder and employee innovation ideas.

“This national deployment, consisting of people, process and technology initiatives, follows comprehensive planning and testing to ensure we have the right recipe for success,” added Under Secretary for Benefits Allison A. Hickey.

During the national deployment, VA will further track and gauge the integrated effects of the transformation plan to reduce the backlog of disability claims and provide Veterans, their families and survivors with more timely and accurate claims decisions. VA expects to deploy the transformation plan to the remaining 40 regional offices throughout calendar year 2013.

The major components of the transformation plan that will be nationally deployed include:

- The Intake Processing Center, which adds a formalized process for triaging claims documents and other mail, and drives faster and more accurate association of mail with Veterans’ claims files;
- Segmented Processing Lanes, which allow claims that can be more easily rated to move quickly through the system and the more complex claims to be processed by VA’s more experienced and skilled employees;
- Cross-Functional Teams, which support a case-management approach to claims processing that minimizes rework and reduces processing time; and
- The Veterans Benefits Management System, which is a new electronic claims processing system that employs rules-based technologies to improve decision speed and quality.

VA has already nationally implemented:

- Quality Review Teams, which are composed of dedicated local quality review specialists who will evaluate station and individual employee performance and conduct in-process reviews to eliminate errors at the earliest possible stage.
- Simplified and Standardized Rating Notification Letters, which give Veterans one simplified decision letter that provides notice of VA’s decision, including a summary of the evidence considered and the reason for the decision.

### Tuskegee VA Medical Center is Now Listed on the National Register of Historic Places

On March 19, the Secretary of the Interior added Alabama’s Tuskegee VA Medical Center to America’s National Register of Historic Places. The addition is part of VA’s Second Generation Veterans Hospitals Study, conducted under the National Historic Preservation Act.

The medical center opened under the Veterans Bureau in 1923 as a unique combination of tuberculosis-neuropsychiatric hospital exclusively for African-American Veterans of World War I. Then-Veterans Bureau Administrator Gen. Frank T. Hines made a historic decision to have the hospital staffed by African-American doctors, nurses and other medical professionals.

The Second Generation study aims to document the government’s World War I-era Veterans hospitals. Researchers visited 43 facilities over three years and, to date, 12 VA hospitals have been added to the National Register, including: Fayetteville, Ark.; Indianapolis; Chillicothe, Ohio; Murfreesboro, Tenn.; Lexington, Ky.; Battle Creek, Mich.; Knoxville, Iowa; Batavia and Canandaigua, N.Y.; and Tuscaloosa, Tuskegee, and Montgomery, Ala.
VA Learning University Launches Plain Language Writing Course

The VA Learning University will kick off its Formal Writing Using Plain Language course on July 31. The advanced-level course is designed to help employees write more effectively. It focuses on writing complex documents such as position papers, strategic plans and grants so that they adhere to the Federal Plain Language Guidelines and VA writing standards.

In addition to improving employees’ written communications, the course will help VA comply with the Plain Writing Act of 2010, which requires government agencies to use plain language when communicating with the public. The act defines plain language as “writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience.”

“Communicating in plain language is critical to meeting the changing needs of our nation’s Veterans,” said VALU Dean Alice Muellerweiss. “Whether developing external communications to reach Veterans or writing internally among VA employees, clear and simple writing improves our services to all our customers. The ability to write effectively is also an essential skill at all career levels.”

Participants in the advanced-level Formal Writing Using Plain Language course will use interactive exercises to practice writing specific types of VA documents in plain language. All employees whose responsibilities include writing or reviewing complex documents should take this course.

Recognizing that employees have different training needs, the course is offered as 11 modules. The first module, available as Web-based training via the VA Talent Management System, provides a two-hour comprehensive overview of plain language and must be taken first. Employees can take combinations of the remaining 10 modules to meet their organization’s needs.

Modules cover topics such as addressing data calls, drafting memorandums, writing issue briefs, responding to congressional inquiries, and more. Each of these four-hour instructor-led modules includes computer-based exercises, VA-specific scenarios and case studies, and advanced-level writing activities that relate to participants’ work at VA.

“The modular design of the Formal Writing Using Plain Language course is flexible so that participants can focus on their learning needs and tailor their learning to drill down on topics that have the most relevance to their work,” said Terik Hartz, VALU education program specialist.

To prepare participants for the course, VALU offers three other courses in the Written Communication Learning Program: Building Writing Skills (foundational); Writing and Editing for Accuracy (intermediate); and Communicating Complex Issues Clearly (intermediate/advanced).

“The Written Communication Learning Program guides employees on a journey to more effective writing that is easier for the audience to understand,” said Muellerweiss. “The journey begins with establishing a solid written communications foundation, then progresses toward mastery of more advanced writing skills that can be applied in VA’s efforts to provide Veterans with high-quality services.”

The Written Communication Learning Program is just one of VALU’s six Career and Technical Training learning programs. Each learning program focuses on a core skill area and offers training that meets VA’s requirements for that skill at three proficiency levels—foundational, intermediate and advanced.

Course delivery includes a mix of instructor-led training, Web-based training, scenario-based simulations and e-books, known as blended learning. The courses are directly tied to core competencies that VA has determined to be important across all occupations and career fields.

For more information on plain language, visit www.plainlanguage.gov. Employees who are interested in the Formal Writing Using Plain Language course, or any of the courses in the Career and Technical Training learning programs, should contact their supervisors, Designated Learning Officers or Learning Leaders.

VA, DoD Secretaries Visit Joint Federal Health Care Facility

On Monday, May 21, Department of Veterans Affairs Secretary Eric K. Shinseki and Department of Defense Secretary Leon E. Panetta toured the Captain James A. Lovell Federal Health Care Center in North Chicago, Ill.

The facility is the first of its kind to provide health care for active duty service members, retirees and Veterans, bridging the gap between DoD and VA needs. The area tour included a visit with Navy recruits at the USS Red Rover facility, which provides complete medical and dental examinations to all recruits prior to entering Great Lakes Recruit Training.
Researchers from the VA Boston Healthcare System and Boston University have discovered that exposure to a single blast from an improvised explosive device, or IED, can produce early signs of chronic traumatic encephalopathy, or CTE, as well as the long-term brain impairments that accompany the disease.

“I don’t want people to think this damage happens all the time, to everyone exposed to an IED blast,” said Dr. Ann McKee, who led the international study. “It might happen. It could happen.”

McKee is director of Neuropathology Service at the VA New England Healthcare System and a professor at Boston University School of Medicine. She is also the director of the Brain Banks for Boston University’s Alzheimer’s Disease Center, as well as the Center for the Study of Traumatic Encephalopathy—all based at the Bedford (Mass.) VA Medical Center. Her co-lead on the study was Dr. Lee Goldstein, associate professor at Boston University School of Medicine and Boston University College of Engineering.

Their research, which represents the first study of postmortem brains from U.S. military personnel who were exposed to a blast or some other concussion-causing injury, was published online May 16 in Science Translational Medicine.

“Chronic traumatic encephalopathy, which can only be diagnosed postmortem, is a progressive neurodegenerative brain disorder that has been reported in athletes with multiple concussions, or subconcussive injuries,” said McKee.

“In its early stages, CTE is characterized by the presence of abnormal deposits of a protein called ‘tau’ throughout the brain. These tau lesions eventually lead to brain cell death.”

McKee said CTE has symptoms similar to traumatic brain injury, or TBI, including memory loss and learning deficits.

Perhaps 20 percent of the 2.3 million servicemen and women deployed since 2001 may have suffered a traumatic brain injury.

“In our study, we performed comprehensive neuropathological analyses on brain tissue from four military service personnel with known blast exposure, or concussive injury,” McKee explained.

“We compared these results with brain tissue samples from three young amateur American football players and a professional wrestler, all of whom had a history of repetitive concussive injury, and four samples from comparably-aged normal individuals with no history of blast exposure, concussive injury, or neurological disease.

“We found that CTE neuropathology in the brains of blast-exposed Veterans was similar to that found in young athletes with repetitive concussions,” she continued. “Our findings indicate that TBI caused by different factors may trigger similar disease pathways in the brain.”

To examine the impact of a single blast exposure, McKee and her fellow researchers collaborated with leading experts in blast physics, experimental pathology and neurophysiology at Boston University, the VA Boston Healthcare System, White River Junction (Vt.) VA Medical Center, New York Medical College, Fraunhofer Center for Manufacturing Innovation, University of Massachusetts Lowell, Lawrence Livermore National Laboratory, Massachusetts General Hospital and the University of Oxford.

“Our team’s experimental data show that one blast comparable to that experienced by military personnel in the field resulted in both neuropathological and behavioral evidence of CTE,” McKee said. “And surprisingly, the long-term impairments in brain function, including impaired learning and memory, were observed just two weeks after exposure to a single blast.”

McKee said the blast wind from an IED can reach a velocity of up to 330 miles per hour.

“The force of the blast wind causes the head to move so forcefully that it can result in damage to the brain,” she said.

Based on their results, McKee and her team went a step further and explored how they could prevent such brain injuries. “We demonstrated that immobilizing the head during a blast could prevent the learning and memory deficits associated with CTE,” she said. “Now that we’ve identified the mechanism responsible for CTE, we can work on developing ways to prevent it so that we can better protect our military personnel.”
Eye tremors—persistent eye tremors—appear to be common in people with Parkinson’s disease, according to a VA study published online April 9 in the journal Archives of Neurology.

“Our findings suggest that eye tracking, or precisely recording the movements of a person’s eyes, could potentially help to provide a very early diagnosis of Parkinson’s disease,” said George Gitchel, of the Southeast Parkinson’s Disease Research, Education, and Clinical Center at the Hunter Holmes McGuire VA Medical Center in Richmond, Va.

For their case-control study, Gitchel and his fellow researchers tested oculomotor function in 112 Parkinson’s patients and 60 healthy individuals by having them track a moving target on a computer screen. The eye tracking equipment used in the study was a pair of highly sensitive cameras, along with infrared light to illuminate the eye and then follow the center of the dark pupil as it followed the target.

“All 112 Parkinson’s patients, whether on medication or not, had persistent eye tremors that prevented them from keeping their eyes stable while following the target,” Gitchel said. “Only two people in the ‘healthy’ group had this problem.”

Eye tremors and stability problems occurred even in Parkinson’s patients on medication, the study revealed, suggesting the eye tremors were not caused by medication, but by the disease.

“We do know that people often complain of blurred vision with Parkinson’s disease, but no one’s been able to explain why,” said Dr. Mark S. Baron, of the VA medical center in Richmond. “We believe eye tremor is probably a major reason.”

Baron said sensitive eye tracking holds enormous potential for early and accurate detection of Parkinson’s.

“As a simple screening test, it could be nearly 100 percent accurate, whereas even specialists are wrong in diagnosing Parkinson’s about 15 percent of the time when they first see someone with tremor,” he noted.

“An accurate screening test could be key to identifying who could benefit from treatment as new options are developed that can slow progression of the disease.”

Gitchel agreed. “I think one of the major points here is that these eye movements are not visible outwardly to a clinician, and most likely would not even be seen by an ophthalmologist during a routine exam. These ocular tremors are of such small magnitude and high enough frequency that an eye-tracking device is required to observe and record them. That said, an accurate eye tracker, like the one used in our study, is able to detect and quantify movements that are otherwise hidden from the clinician.”

“One of the most exciting things about this research,” he continued, “is the ability to objectively quantify and classify a patient’s symptoms, as opposed to a purely subjective clinical exam.”

‘Brain Freeze’ Headaches May Point to a Cure for Migraines

The “brain freeze” headache you get when you gulp down your ice cream too fast may be caused by a sudden change in the flow of blood to your brain, according to VA researchers.

“Understanding the brain freeze phenomenon could help us figure out how to prevent other kinds of headaches, like migraines,” said Dr. Jorge Serrador, associate director for research at the VA New Jersey Health Care System’s War Related Illness and Injury Study Center in East Orange.

“In our study,” he continued, “we monitored brain blood flow in 27 healthy adults as they sipped ice water through a straw pressed against the upper palate so as to trigger ‘brain freeze.’ We monitored their brain blood flow using transcranial Doppler, which can sense changes in arterial blood flow. As soon as our volunteers experienced and then recovered from a freeze, they alerted us. We were then able to pinpoint changes in their brain blood flow at those precise moments.”

Serrador said the study, conducted jointly by VA and Harvard Medical School, indicates that such headaches occur following a sudden increase in blood flow in the brain’s anterior cerebral artery, and that the brain freeze headache goes away when the artery constricts.

“This rapid dilation and then quick constriction of the anterior cerebral artery may be a defense mechanism the brain uses to protect itself from sudden cold,” Serrador said. “The brain is fairly sensitive to temperature, so expanding blood vessels might be the brain’s way of staying warm. When blood vessels dilate, blood gets to the brain quicker.”

“The skull is a closed structure,” he continued. “The sudden rush of blood might (continued on page 32)
Two Veterans at Dayton VA Receive State-of-the-Art Bionic Ankles

On April 25, two Veterans arrived at the Dayton (Ohio) VA Medical Center to be fitted with the BiOM bionic ankle system—a unique piece of cutting-edge technology that actually mimics the human body and allows an amputee to walk almost normally.

“The ankle system even contains a battery and a motor to help return some of the energy expended by the amputee while walking,” explained Tim Shafer, the VA prosthetist who outfitted the Veterans with their new BiOM ankles. “It mimics what our feet do when we walk. It conforms to the ground underneath you, then gives you some energy back, pushing you forward.”

The BiOM bionic ankle system is made by a company called iWalk.

The two Veterans fitted with the bionic ankles are 51-year-old John Powers and 24-year-old Larry Draughn. Both are former Marines. Powers lost part of his left leg in a 1998 motorcycle accident. Draughn lost part of both legs in 2009 when he stepped on an improvised explosive device in Afghanistan.

“The BiOM is the world’s first bionic ankle system that uses robotics to restore the function of the missing anatomy in the calf muscle and Achilles tendon,” said John Warren, a prosthetist with iWalk. “It’s the first device that is scientifically proven to normalize walking for lower-limb amputees—that is, at the same speed, and with the same metabolic energy, as their peers with intact biological limbs.”

Warren was on hand to help program the bionic ankle systems once the two former Marines were wearing them, and to gather data while the two men tried out their new equipment. He noted that traditional prosthetic feet made of carbon fiber only return up to 50 percent of the anatomical ankle/foot function; not so with the BiOM ankle.

“The BiOM produces energy that enables the user to feel less fatigue when using the system,” he explained. “This bionic ankle system reacts in stance phase using robotics to replicate muscles and tendons that replace the action of the ankle, thus returning the ankle to near human function so that users can react immediately to changes in terrain and environment. The ankle is reflexive, which is exactly how real feet and ankles work.”

Each BiOM system costs VA about $40,000.

The system is currently being made available in several locations across the country.

Brain Freeze (cont.)

increase internal pressure and cause pain. Then the artery constricts again to slow the increased blood flow. This may be the brain’s way of reducing that sudden pressure before it reaches a dangerous level.”

Serrador, who led the study, said blood flow changes in the brain similar to those observed during “brain freeze” could be associated with other types of headaches, like migraines and post-traumatic headaches.

“If further research confirms this to be true,” he said, “then finding ways to safely control brain blood flow might lead us to new treatments for these kinds of headaches.”

“Headaches are a common complaint among patients,” said Melissa Blatt, a VA research nurse who worked on the brain freeze study with Serrador. “In fact, approximately 24 percent of the Veterans we see here at the War Related Illness and Injury Study Center suffer with headaches.”

Serrador and his colleagues presented their findings April 22 at the Experimental Biology 2012 meeting in San Diego, an annual gathering that brings together 12,000 researchers from six scientific societies.
Wounded Warrior Amputee Softball Team Hits a Home Run With Arizona Patients

The Wounded Warrior Amputee Softball Team recently took time out of their busy schedules to visit inpatients at the Southern Arizona VA Health Care System in Tucson. The team, all combat Veterans who lost limbs during tours in Iraq or Afghanistan, came to the medical center with the main purpose of thanking Veterans from past wars for their patriotism and military service.

The team’s players and coaches talked about baseball, and their military experiences, with inpatients from the Southwestern Blind Rehabilitation Center, family members, volunteers and employees. After their visit with the Community Living Center inpatients, the team was given a short tour of the Prosthetics section, where they learned of the new technology now available.

The next evening, the team played, and won, against the University of Arizona Women’s Softball Alumni Team, proving that through extensive rehabilitation and training, “life without a limb is limitless.”

Durham VAMC Staff Enhance Their Military Cultural Awareness

Thirty employees from North Carolina’s Durham VA Medical Center took a hands-on approach to their recent Military Cultural Awareness training. First step: the interactive, online Military Cultural Awareness training course. “The training explained military culture from ground zero,” said Durham VAMC Public Affairs Officer Pete Tillman. “In Jeopardy-style format, staff learned about military branches, ranks and conflicts.”

Next, the group participated in several roundtable discussions, with Veteran panelists responding to questions like “Tell me about the day you enlisted” and “Why did you choose that branch of service?” Since most of the employees were not Veterans, a special tour of Seymour Johnson Air Force Base was arranged for the group to see firsthand how the military operates. “By stepping back from looking at Veterans as patients, and learning to look at them as brothers, sisters, fathers, mothers and friends, the staff gained valuable insights about the sacrifices of all of the brave people that served,” said Tillman.

Main VA Facebook Page Surpasses 200,000 ‘Fans’

The primary Facebook page for the Department of Veterans Affairs has amassed more than 200,000 “fans,” increasing the Department’s ability to communicate directly with Veterans across the nation.

The milestone was achieved less than three years after the creation of VA’s Office of Online Communications, which oversees all social media programs. The office has been led by Brandon Friedman since its inception in August 2009, and was launched as part of the President’s directive that agencies create such organizations in support of the administration’s “Open Government” plan.

VA has more than 150 Facebook pages, most of which belong to individual VA medical centers, with a combined subscribership of more than 440,000 fans. In addition to Facebook, VA maintains an extensive social media presence with 70 Twitter feeds, the Vantage Point blog, a YouTube channel with more than 400 videos, and a Flickr page containing more than 12,000 photos.

To access and connect to VA’s social media sites, visit the social media directory at www.va.gov/opa/socialmedia.asp.
A Flag’s Journey from Iraq to a Los Angeles Volunteer Barber

A special flag that was flown in Iraq has made its way to Los Angeles and now resides in the trailer that serves as a mobile barbershop on the grounds of the VA Greater Los Angeles Healthcare System. Tony Bravo, known on campus as “Dreamer,” is a Vietnam-era Veteran who for the last five years has voluntarily provided free haircuts to Veterans there.

VA Greater Los Angeles employee and Marine Corps Veteran Edward M. Montgomery often walked by Dreamer’s shop and wondered how he could thank him for his services. After consulting with his co-worker and Army veteran Ken Gaines, they came up with the idea of getting Dreamer an American flag for his barbershop trailer.

Last July, Gaines put out a “Battle Cry” on Facebook and two hours later, Army active-duty member Alexandra Bowers replied. The flag, flown over a base near Al Asad Airbase, the largest U.S. military airbase in Iraq, was presented to Dreamer on April 3.

Alabama Veteran Receives POW Medal 67 Years Late

In May of 1945, Sgt. Marion Fowler and his entire platoon were captured by German SS troops outside Eferding, Austria. Three times in one day, they were placed in front of a firing squad before finally being released after a German-speaking soldier in Fowler’s platoon brokered a deal.

Nearly 67 years later, Fowler received his official Prisoner of War Medal in a ceremony March 13 hosted by the Tuscaloosa (Ala.) VA Medical Center. More than 300 friends, family members, Veterans and VA staff were in attendance as Fowler’s medal was pinned on his jacket. A few years ago, Fowler’s grandson started looking into why the medal was delayed for so long, later discovering it was because of an oversight in paperwork. After several phone calls and emails, the process was expedited and Fowler received his medal within two weeks. Fowler, 89, entered the Army in 1942, later seeing combat in France, Germany and Austria.

Tony Bravo offers free haircuts for Veterans in his mobile barbershop on the grounds of the VA Greater Los Angeles Healthcare System.

Sgt. Marion Fowler returns the salute given to him by Col. Carlos Berry, Tuscaloosa VA physician, after Berry pinned the POW Medal on Fowler’s jacket.

Florida CBOC Scrapbooks Focus on Patient-Centric Care

With more than 20,000 Veterans currently receiving care at VA’s Community Based Outpatient Clinic in Bradenton, Fla., the clinic’s goal is to make VA health care more patient-centric. One way they’ve done that is by compiling a scrapbook with pictures and stories of the Veterans who visit the clinic.

Each page is dedicated to a Veteran, with a brief synopsis of their time in service. Patients are encouraged to bring in copies of their photos and memories to add to the book.

Due to an overwhelming response, the scrapbook soon became too large. Thanks to local Veteran service volunteers, new scrapbooks, each dedicated to a branch of service, were purchased.

The scrapbooks, with covers constructed from military uniforms for each branch, are kept in a waiting area for patients to view. Often, patients recognize a fellow Veteran they may have served with or who lives close by.
Cancer Patient Rides to Raise Money for Charity
Fred H. Carter, a 51-year-old Veteran who has undergone chemotherapy treatments at the Hunter Holmes McGuire VA Medical Center in Richmond, Va., for his stage four stomach cancer, embarked from Petersburg, Va., with his wife, Rhonda, on a motorcycle trip that will take them to the four corners of America. They began the trip on May 18, their 27th wedding anniversary. Also diagnosed with a primary immune deficiency and treated with monthly antibody infusions, Carter says he is “having more good days than bad ones lately.”

Dubbing their journey the “Bucket List Ride,” Carter is using the trip to promote cancer research by raising money for the Stand Up to Cancer charity. According to Carter, “Life gets pretty interesting when the future gets smaller.” Concerned with getting the most out of the time he has left, and also doing as much as he can for others, he adds, “the team I started with SU2C is called My Bucket List Ride (key word Bucket List), and we’ve raised over $1,700 so far.”

Ever the optimist, Carter sums up his outlook with the comment, “As always, life is still good, and I’m doing my best to live it well.”

A Place of Healing and Remembrance
A Memorial Wall honoring New Hampshire’s fallen service members of Iraq and Afghanistan was recently dedicated at the Manchester VA Medical Center. Lester Durgin, Vietnam Veteran and Gold Star father of Sgt. Russell Durgin, made the suggestion to VAMC leadership to arrange photos of the fallen in a main hallway of the medical center.

Representatives from Voluntary Service, Chaplain Service, the OEF/OIF/OND Program and Facilities Management worked with Gold Star family members and volunteers to design a fitting tribute. “It took two-and-a-half years to research, contact the families, design and assemble the collection of portraits,” said Debra Krinsky, chief of Voluntary Service. “It was truly a labor of love for everyone that worked on this project. When you first walk through the hall, it can be overwhelming. It leaves a powerful impression.” A quote from Daniel Webster hangs above the portraits: “… yet will their remembrance be as lasting as the land they honored.”

According to facility Public Affairs Officer Stella Lareau, “The best thing about the Wall is that people aren’t forgetting. The mother of one Veteran whose picture is on the wall works at the medical center. Every day she visits her son’s picture and tells him, ‘Good Morning.’ She knows that her son won’t be forgotten.”

New Program Allows Veterans to Heal Through Hockey
Veterans in the Buffalo, N.Y., area are using sled hockey and traditional stand-up hockey for physical and emotional rehabilitation—a development that came about thanks to a recreation therapy program offered through the VA Western New York Health Care System.

A total of $90,000 per year for the next three years has been committed to the program by three VA partners: the National Hockey League Buffalo Sabres; the Buffalo Sabres Foundation; and National Fuel. Donated money pays for equipment, uniforms, ice time, and tournament and travel costs.

Veterans participating in the on-ice activities range in age from early 20s to late 60s. Since its inception last fall, more than 75 Veterans have participated in the program. A plan is in place to create more teams based on their level of ability, and a full schedule of practices and games is expected for the 2012-2013 season.
VA Nurse Receives TB Hero Award

Nancy O’Neil, a licensed practical nurse with the VA Boston Healthcare System, recently received the TB Hero Award at the 2012 World No TB Day event, held at the Massachusetts State House in Boston.

“I enjoy the work I do as a TB screening coordinator,” O’Neil said. “I get to meet many of our employees and volunteers, from many diverse cultures, and answer their questions regarding the elimination and control of TB. I don’t do this work alone. I’m privileged to work with a dedicated team of occupational health providers who take their responsibilities very seriously.”

TB remains among the most significant infectious killers of adults in the world and can be transmitted simply by breathing in the vicinity of a person with the contagious form of the disease. “Because of her efforts, we have a 25 percent compliance increase in our TB screening program,” said Nancy Gendreau, an occupational health nurse practitioner with the VA Boston Healthcare System. “Nancy understands how important her role is in helping to protect the health of the 5,000 employees of the VA Boston Healthcare System and, consequently, the health of our Veteran patients.” The World No TB Day event was hosted by the Medical Advisory Committee for the Elimination of Tuberculosis.

Lovell FHCC Employee Named Childhood Immunization Champion

The Illinois Department of Public Health selected Captain James A. Lovell Federal Health Care Center’s Rosalinda DeJesus as Illinois’ first Centers for Disease Control and Prevention Childhood Immunization Champion. “It was so amazing just to be nominated for this award,” said DeJesus, who has been a health technician with the federal government for five years. “But, to be selected among all the passionate and talented health technicians in the nation is truly overwhelming.”

The Illinois Centers for Disease Control explained that the CDC Childhood Immunization Champion Award is a new annual award to honor individuals who make a significant contribution toward improving public health through their work in childhood immunization. “Rosalinda DeJesus is admired by her co-workers, physicians and patients,” said Illinois Department of Public Health Acting Director Dr. La Mar Hasbrouck. “Rosalinda DeJesus is an inspiration to all of us who care passionately about children’s health in Illinois, and we are pleased and honored to congratulate her on this well-deserved award.”

VA for Vets Video Honored With Four Advertising Awards

VA’s high-tech platform to help Veterans find jobs, VA for Vets, earned top accolades from the advertising industry for a recruitment video that paid tribute to the nation’s military.

The Web Marketing Association recognized the recruitment video, “A Tradition of Serving Those Who Serve,” with awards in three categories: “Best Employment Online Video,” “Best Government Online Video” and “Best Government Online Ad.” In addition, the 2012 Telly Awards recognized the video with the Bronze Telly for Recruitment.

The Web Marketing Association’s Internet Advertising Competition Awards were established to recognize outstanding online advertising and public relations in its various forms. The Telly Award, founded in 1979, honors local, regional and cable TV commercials, programs and segments, as well as online videos, programs and commercials.

“to receive recognition from the top minds in the field of online advertising is a true honor and a testament to the success of VA for Vets in the months since the program was launched last Veterans Day,” said Assistant Secretary for Human Resources and Administration John U. Sepulveda.

**VA Pharmacy Services Recognized as J.D. Power Customer Service Champion**

VA’s pharmacy program is one of only 50 companies in the United States to receive the J.D. Power 2012 Customer Service Champion designation. “In fiscal year 2011, VA pharmacies filled over 139 million outpatient prescriptions for 4.74 million unique patients,” said Kenneth Siehr, director of operations for VA’s Consolidated Mail Outpatient Program. “Approximately 23 million of those prescriptions were filled at VA medical center pharmacies, while the remaining 116 million prescriptions were filled using VA mail-order pharmacy services.”

To qualify as a J.D. Power Customer Service Champion, companies must excel not only within their own industries, but also among leading brands in other major industries. The Customer Service Champion designation is based on customer feedback, opinions and perceptions gathered from J.D. Power’s syndicated research conducted across 15 distinct business-to-consumer industries. Companies recognized as Customer Service Champions are among the top 5 percent of more than 800 brands based on performance.

“Our pharmacy program was noted as outperforming in the areas of presentation and price compared to the average scores for the other 2012 Champions,” Siehr explained. “And overall, VA’s mail-order pharmacy services received a score of 876 out of 1,000. We’re quite proud of that.”

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**Houston Doctor Receives Prestigious Award**

The editors of the *Journal of the American College of Cardiology* honored Blase A. Carabello, M.D., with the Simon Dack Award for Outstanding Scholarship at their editorial board meeting in Chicago. The Simon Dack Award, named for the founding editor of the cardiology journal, recognizes peer reviewers who assist the journal in its mission of publishing important new clinical information.

Listed as one of the best doctors in the nation in the field of cardiovascular disease by the medical knowledge company Best Doctors Inc., Carabello is the Moncrief Professor of Medicine and vice chairman in the Department of Medicine at Baylor College of Medicine and a founding member and immediate past president of the Society for Heart Valve Disease. He also holds memberships in the American Society for Clinical Investigation and the American Federation for Clinical Research.

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**Youth Volunteer Awarded Scholarship**

Eighteen-year-old Elizabeth Leneski has been volunteering at the VA medical center in Ann Arbor, Mich., since she was 4 years old. “Well, I didn’t actually get registered as a volunteer until I was 10,” the graduating high school senior said, “but I started coming here with my mom when I was 4. So this place is kind of like my second home. Everybody here watched me grow up. We’re like a big family.”

Elizabeth, or “Lizzie,” as she is known, has racked up more than 1,200 volunteer hours at the medical center, doing everything from answering phones to helping organize Hawaiian luau and other entertainment programs for patients. Last year, she coordinated the summer youth program for almost 60 students.

Her achievements were recognized earlier this year when she received the James H. Parke Memorial Youth Scholarship Award, which puts $20,000 toward her college education. She was honored at the Parke Award Banquet March 14 in Charleston, S.C. Her mother, Beverly Leneski, serves as chief of Voluntary and Chaplain Services for the VA Ann Arbor Healthcare System.
Honors

Milwaukee VAMC Employees Earn Postal Awards
The U.S. Postal Service delivered good news to two longtime Milwaukee VA Medical Center employees—naming them two of 14 women who have put their “Stamp on Metro Milwaukee.”

Darcie Greuel, a case manager for Iraq and Afghanistan Veterans, won in the Military Service Category, while Sonia Dumit-Minkel, the senior staff physical therapist, took top honors in the Health and Social Services Category. Now in its 14th year, the Postal Service program presents the awards each March to coincide with Women’s History Month.

Greuel, a captain in the Army Reserve with more than 27 years of service, was deployed to Afghanistan from 2003 to 2004 and is currently the commander of the 548th Minimal Care Detachment Unit based in Madison, Wis.

Dumit-Minkel specializes in rehabilitation medicine and has been a trailblazer in her field. She has been nationally published for her work in wound care studies, received the Clinical Excellence Award in 2010 from the Wisconsin Physical Therapy Association and was Employee of the Year for 2010 at the Milwaukee VA.

‘Best of the Best’ VA Investigators Honored During Research Week
To recognize the outstanding work of VA investigators, and to promote excellence throughout the entire research community, VA Research has established a series of awards that honor the “best of the best” in the Department.

The recipients of these awards for 2012 are: Elizabeth Yano, Ph.D., awarded the 2012 Under Secretary’s Award for Outstanding Achievements in Health Services Research; Fred D. Finkelman, M.D., the 2012 recipient of the William S. Middleton Award for outstanding achievement in biomedical or behavioral research; Barry M. Massie, M.D., and Murray A. Raskind, M.D., joint recipients of the 2012 John Blair Barnwell Award for outstanding achievement in clinical science; and Joseph M. Czernicki, M.D., awarded the Paul B. Magnuson Award, which is presented annually to a VA Research Rehabilitation and Development investigator.

The awards were presented as part of VA Research Week activities in VA Central Office on April 26.
Milwaukee Radiology Technicians Save Baby

Milwaukee VA Medical Center employees Sheri Gilson and Catherine Giannese have been friends for a long time and do a lot together. They went to school together, work as radiology technicians together, and even go on breaks together. Recently, they saved a baby’s life together.

Gilson and Giannese were outside the Milwaukee VA’s South Entrance when a man came out of the house across the street screaming. “Then he ran back in the house and came out carrying a baby,” Gilson said. “We heard him yell, ‘Help me! Lord Jesus, help me!’” Giannese said. “We flew across the street.”

Giannese already had a 911 operator on her cell phone as her friend helped the two navigate through traffic. “We got to the man and the baby was just dangling there, not breathing, and it looked like his eyes were rolling back in his head. The man said he had been in the crib and he just found him.” That’s when Gilson’s required CPR training came into play. “I turned the baby over and whacked his back, I don’t know how many times. I’m thinking, ‘Dear God, this baby cannot die in my arms,’” Gilson said. “All of a sudden, he just took a gasp of breath.” Gilson and Giannese waited for the ambulance to arrive and tried to reassure the worried dad.

Telehealth Technician Makes a House Call

There’s nothing like relaxing on the couch on a Sunday evening, resting up for the work week—until a neighbor bursts through your back door yelling for help. Licensed Practical Nurse Donna Bell was in that very position on the third Sunday in March when her neighbor told her that another neighbor was in need of medical attention.

The telehealth technician at the Aleda E. Lutz VA Medical Center in Saginaw, Mich., sprinted barefoot across the street, where she was quickly ushered into the kitchen to find Veteran Robert Wilson on the floor, staring blankly up at the ceiling and gasping for air. “After approximately 2 to 3 minutes, he was still unresponsive, had stopped breathing and had no pulse,” Bell recalled. “I started CPR and performed it for one minute until he started breathing again and had a pulse. I continued to encourage him to breathe and monitored his pulse and respirations until the EMTs arrived 3 or 4 minutes later.” From there, the EMTs took over defibrillating the patient and repeating CPR before he was admitted to a local hospital. Wilson’s prognosis was grim for several days, but he finally took a turn for the better and eventually went home. A few days later, Bell visited Wilson and his wife, Carol, who hugged and thanked her for her lifesaving efforts.

VA Nurse Saves Woman Choking in Restaurant

Teresa Capecchi, of the Minneapolis VA Medical Center, was having lunch with some coworkers at a local Chinese restaurant when a person from the next table shouted, “Does anyone know the Heimlich? My friend is choking!”

Capecchi, a registered nurse, was the first to respond by asking the woman to stand and if she was indeed choking. The woman nodded “yes” and Capecchi asked if she needed to have the Heimlich maneuver performed. The woman again nodded “yes.” Capecchi then performed the Heimlich maneuver several times, dislodging the food.

Donna Bell considers her lifesaving efforts on behalf of her neighbor, Robert Wilson, “my best day as a nurse.”

“Throughout this emergency, Teresa was calm and skillful,” said clinic manager Lori Baier. “Both the woman who was choking and her friend were very grateful for her help.” It was the first time Capecchi had used Heimlich training in a real-life situation. “I’m just glad everything turned out all right,” said Capecchi, who has been a VA nurse for almost three years and encourages all VA staff to have CPR and first aid training, in case they find themselves in a similar situation.
‘Flags In’
Soldiers from the Army’s 3rd Infantry Regiment (The Old Guard) placed more than 220,000 American flags before gravestones at Arlington National Cemetery just prior to Memorial Day weekend. Every available soldier participates in the decades-old tradition, centering the small flags one foot in front of each grave marker. The process takes about three hours.