A woman with long brown hair, wearing a green cable-knit sweater, sits at a wooden table. She is looking towards a man in a white shirt who is leaning over the table. The man is holding a coin between his fingers. On the table, there are several other coins and some papers. In the background, there is a microwave on a counter and some plants.

VAanguard

U.S. Department of Veterans Affairs

January/February 2007

Easing the Transition

Training Nurse Anesthetists

Driver Rehabilitation Program

Telemental Health



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Photo Editor: Robert Turtill
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810 Vermont Ave., N.W.
Washington, D.C. 20420
(202) 273-5746
E-mail: vanguard@va.gov
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On the cover

Andrea Meehan, an occupational therapist at the Washington, D.C., VA Medical Center, works with patient Donald Lange, who suffered a traumatic brain injury while serving with the Marine Corps in Afghanistan. Lange is benefiting from a number of new initiatives at the medical center aimed at helping veterans returning from Iraq and Afghanistan. *photo by Robert Turtill*

'Former' Marine?

Marty Traxler points out that *Vanguard* failed to mention the name of the Marine Corps commandant when he appeared in a photo taken of the VA Secretary (Letters, September/October). Marty stated, "Former Marines are sensitive about such things."

Someone may like to point out to Traxler that Marines are also a bit sensitive about the term "former." My wife is a Marine who served in the late '60s. She often tells

me, "Once a Marine, always a Marine." It is my understanding that there is no such thing as a "former" Marine.

*Dan McAuley
Contracting Officer
Southern Arizona VA Health
Care System
Tucson, Ariz.*

Veterans Day Poster

I do not want to take anything away from the efforts of the design for the national Veterans Day poster for 2006 ("Illustrating Veterans Day,"

September/October), but was disappointed in the rather understatement of looking at the backs of legs of troops wearing woodland camouflage and combat boots. We have seen so many great photos from troops returning from Iraq and the everyday heroics they perform.

I would urge a nationwide VA campaign for selection of photos submitted to *Vanguard* by the new veterans coming to VA for care. They could tell their story; this could be for a *Vanguard* cover story, not necessarily waiting until Veterans Day 2007.

I regret that I did not take more pictures during my tour in Vietnam as an Army combat medic with an infantry platoon and rely today on reunions and copies from buddies of their photos. Today's troops are bringing back great photos and we even had one soldier show us video clips from Iraq as he told his unit's story to our staff so they

could understand the hardships and difficulties the troops encounter daily.

*John P. Hofer, D.M.D.
Chief, Dental Service
William S. Middleton
Memorial Veterans Hospital
Madison, Wis.*

Correction

On page 11 of the November/December issue, we ran a photo of vehicles parked on the street in front of a sign welcoming Disabled American Veterans members to the 1940 DAV annual convention in Green Bay, Wis. The vehicles were incorrectly identified as Model-T Fords, as pointed out by a number of eagle-eyed readers. According to members of the Houston Early Ford V-8 Club, the vehicles were actually a mix of Ford sedans and panel trucks from 1937 and 1938.



Ken Burns Previews 'The War'

Acclaimed documentary filmmaker Ken Burns previewed his latest series, a study of the U.S. role in World War II, for veterans service organization representatives—many of them World War II veterans—Secretary Jim Nicholson and other VA officials at VA Central Office Jan. 22. Accompanied by co-producer Lynn Novick, he showed clips from the seven-part documentary series "The War" and answered questions from the audience.

Burns is best known for his documentary series on the Civil War and baseball. The new series tells the story of the Second World War through the personal accounts of nearly 50 men and women from four quintessentially American towns. It is set to begin airing on PBS in September.

We Want to Hear from You

Have a comment on something you've seen in *Vanguard*? We invite reader feedback. Send your comments to vanguard@va.gov. You can also write to us at: *Vanguard*, Office of Public Affairs (80D), Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420, or fax your letter to (202) 273-6702. Include your name, title and VA facility. We won't be able to publish every letter, but we'll use representative ones. We may need to edit your letter for length or clarity.

\$87 Billion Budget Proposed for 2008

The White House is asking Congress for a landmark VA budget of nearly \$87 billion for fiscal year 2008, with health care and disability compensation receiving the majority of the funding. The budget proposal calls for \$42 billion in discretionary spending, mostly for health care. It also would provide \$45 billion in mandatory funding, covering compensation, pension, educational assistance, home loan guaranties and other benefit programs.



Ready for a New Year of Serving America's Veterans

Jim Nicholson
Secretary of Veterans Affairs

Welcome to 2007! No one knows what this new year holds; there will surely be surprises. One thing that will surprise no one, though, is our continued focus and dedication to VA's mission.

While events and issues come and go, our fundamental mandate remains unchanged: to provide competent, compassionate, and consistently high-quality health care, benefits and burials to our nation's veterans.

We are a nation at war, and we need not be reminded of the vital importance of our armed forces, active and reserve. The risks and sacrifices our military men and women have made, and continue to make, for our security deserve our best. From our youngest generation of soldiers to aging World War II—and even World War I—veterans, VA's mission encompasses a cycle of life and its changing needs. Our mission is focused on veterans, and each of our jobs, no matter how removed from direct service, must focus on them as well.

Our mission binds us together, but vision and planning provide direction. My vision for VA this coming year is that we will continue our steadfast commitment to the delivery of high-quality and accessible health care. We will provide timely and consistent delivery of benefits to eligible veterans and their families. With grateful hearts, we will memorialize veterans with dignity and preserve our national cemeteries as shrines, while expanding them to meet grow-

ing need. We must ensure a seamless transition for today's wartime veterans leaving the military for VA care and civilian life. Our collaboration with the Department of Defense is a key to seamless success.

As we strive to turn vision into reality in 2007, we will also work hard to become the federal government's *Gold Standard* for data management and protection. Ensuring veterans' privacy is a priority, and our restructured information technology organization, educational initiatives and procedural changes are moving us

toward that goal.

I will continue to support modernization of our health care infrastructure along guidelines established in the 2004 Capital Asset Realignment for Enhanced Services (CARES) process. We must continue to upgrade our physical infrastructure to meet the requirements of modern medicine and a growing demand for VA health care.

The word is out; veterans and the public have heard the good news about the quality of VA health care through the news media—*Business Week*, *Time*, *U.S. News & World Report*, *CBS Evening News* and *The New York Times*, to name a few—and they're coming to our medical centers and clinics in ever greater numbers.

At the opposite end of the spectrum from our Operations Iraqi and Enduring Freedom veterans is a demographic bulge of elderly veterans. More than 48 percent of our veteran population is 65 or older. This nation's population of 650,000 veterans over age 85 will increase to 1.2 million in 10 years. Our initiatives in long-term care, independent living, home care, end-of-life care, benefits outreach and related programs must continue and grow.

I am optimistic about working with our new Congress on meeting these and

tively with new leadership. We may not agree on every issue or approach, but ultimately we will work together to honor our veterans and meet the high expectations the American people hold for their defenders' welfare.

Our work is cut out for us but you've proven over the past year that VA is more than up to the task. And for most of us, thankfully, it isn't a "task" at all—it's an honor and a satisfying opportunity to serve the men and women to whom we all owe so much.

I'm proud of you and VA because of the pride you take

From our youngest generation of soldiers to aging World War II—and even World War I—veterans, VA's mission encompasses a cycle of life and its changing needs.

other challenges. There is not a great deal of difference about support for veterans in Congress, and to that end, we are prepared to work construc-

in your roles. Working with, and for, the best brings out the best in all of us, and that's what 2007 demands—the best! **VA**

Secretary Nicholson's Priorities

- Maintain status as highest-rated health care provider in the U.S.
- Provide timely and accurate benefits to veterans and their families
- Memorialize veterans in final resting places in national shrines
- Achieve seamless transition for wartime servicemembers, veterans and their families
- Achieve the highest levels—the *Gold Standard*—for data security and stewardship for veterans and their families



Supporting the Secretary's Vision for the Department

Patrick W. Dunne
Assistant Secretary for Policy and Planning

Since my confirmation as Assistant Secretary for Policy and Planning, one of the things I have been most impressed with is the strong commitment demonstrated by VA employees to serving veterans. I would like to contribute to this commitment by ensuring the Office of Policy and Planning (OPP) is providing comprehensive advice, counsel, plans and reports to the Secretary and VA senior leaders—especially in the areas of strategic planning, policy analysis and development, quality management and data management.

My initial months of service were focused on learning the capabilities of the OPP staff as we worked to accomplish a number of priorities: ■ **Establishing a culture of IT security awareness and systems of records** – Secretary Nicholson made clear to me that IT security and protection of veterans' personal information is among his highest priorities. It remains one of my highest priorities. Our office worked diligently to ensure formal systems of records are established restricting access to personal information to those with a clear "need to know" and protecting personal information from unauthorized disclosure.

■ **VA Strategic Plan FY 2006-2011** – VA's strategic plan is coordinated by the Strategic Planning Service in OPP. The Strategic Planning Service coordinates the efforts of the individual VA administrations and staff offices, each of which is represented on the

VA Strategic Planning Working Group. The strategic plan outlines VA's mission, vision, goals, objectives and performance targets for the next five years.

■ **VA/DoD Annual Report and Joint Strategic Plan** – VA/DoD collaboration is one of two President's Management Agenda items coordinated by OPP. Through their collaborative efforts, VA and the Department of Defense achieved notable success in the areas of joint facility use, capital asset planning, joint procurement of medical supplies and pharmaceuticals, clinical guidelines and patient safety, medical education and benefits delivery.

■ **VetPop Model Development** – Official estimates and projections of the veteran population are produced by the Veteran Population Model, maintained by the Of-

fice of the Actuary. This information provides an important means for VA to analyze and evaluate its current and future programs and policies, as well as facilitate budgetary needs. The office is currently working on a new model, which will import updated data from DoD and the Census Bureau.

■ **National Survey Research** – OPP is developing an improved and expanded national survey of veterans for 2008. This will be the sixth in a se-

ries of comprehensive nationwide surveys designed to help VA improve services for beneficiaries and their families. For the first time, the national survey will include active duty servicemembers, activated National Guard and Reserve, and family members, in addition to veterans. The survey scope will be expanded to address important issues such as outreach and awareness and employability.

■ **Program Evaluations** – VA programs are evaluated to assess their effectiveness and efficiency by examining the extent to which program outcome goals are being met. OPP is currently conducting three formal program evaluations: Oncology, Serious Mental Illness and Burial.

■ **Management Analysis/Business Process Reengineering (MA/BPR)** – The MA/BPR initiative

■ **Secretary's Robert W. Carey Performance Excellence Awards Program** – OPP orchestrates examination and training activities culminating in a two and a half-day best practice symposium and awards ceremony. The awards are based upon the Malcolm Baldrige Criteria for Performance Excellence, which are designed to help organizations use an integrated approach to organizational performance management.

■ **National Center for Veterans Statistics** – This center will enhance the department's capability to: 1) conduct business intelligence data mining and statistical analysis of veteran demographic, socioeconomic and survey data to improve outreach and services to veterans; 2) have a single, secure department-wide repository, clearinghouse and publication capability to provide

These initiatives are just a few examples of how our office helps the Secretary assess the strategic environment and formulate VA's future course.

launched by the Deputy Secretary and managed under OPP formally began VA-wide pilot studies of hospital laundries and food services on Jan. 8. Using MA/BPR tools, studies will determine how functions are currently performed across VA, explore new ways for current staff to do business, and implement changes to improve performance. MA/BPR will allow VA to reinvest the savings produced into direct clinical care for veterans.

key veteran statistics for use in research, planning and policy analysis internally and by our stakeholders; and 3) model alternative scenarios to demonstrate the impact of different policy alternatives.

These initiatives are just a few examples of how our office helps the Secretary assess the strategic environment and formulate VA's future course to best serve the needs of America's veterans and their families. **VA**



Heather Joe, one of three recent VA graduates of the Army's prestigious nurse anesthetist program, prepares for surgery at the Birmingham, Ala., VA Medical Center.

Producing Top-Notch Nurse Anesthetists

TIM TERAN

The Army's nurse anesthetist program has been ranked second in the nation. Now VA nurses are among the graduates of this competitive, intensive program.

The department has joined forces with the Army to train nurses from both organizations to become certified as nurse anesthetists to care for active duty soldiers wounded on the battlefield and veterans undergoing surgery in their later years.

Since June 2004, VA has been partnering with the Army to train new nurse anesthetists to serve in the VA health care system. The Army

program has a longstanding history of excellence, educating the majority of nurse anesthetists on active duty for more than 30 years. The prestigious program is currently ranked second in the nation by an independent survey reported in *U.S. News & World Report*.

To qualify for this competitive program, said Carolyn Crane, administrative assistant for the program, VA employees must have completed a

bachelor's degree in nursing and one year of critical care experience in an intensive care unit, a critical care unit, or a surgical intensive care unit. Crane said VA receives about 30 to 40 applications for the three to five slots set aside for VA nurses in each class.

The first class of three VA nurse anesthetists graduated from the program on Dec. 8. Heather Joe, of Birmingham, Ala., James Wilcox, of Las

Vegas, and Henry Wright, of Seattle, earned master's degrees in nursing from the University of Texas School of Nursing at Houston.

Joe, 31, has known she wanted to be a certified registered nurse anesthetist (CRNA) since she was a 17-year-old high school student working as an aide in the guidance counselor's office. She went through all the career files before deciding she wanted to be a CRNA. Joe said she was attracted to the career field because of the independence and problem-solving challenges it offers.

"You really have to use your brain," she said. "A lot of things can happen during surgery. You have to be very vigilant."

Joe went on to attend college and received a bachelor's degree in nursing from the University of Alabama at Birmingham in 2002. She went to work for the Birmingham VA Medical Center as a registered nurse in the medical intensive care unit; her schedule alternated between day and night shifts. Joe said she had to put her dream of becoming a CRNA on hold because she could not afford to quit working so she could attend training full time. Plus, the training is expensive.

When a colleague brought her a memo describing the joint Army-VA nurse anesthetist program, Joe rushed to get her application in before the deadline. VA nurses accepted into the program continue to receive their salaries while they attend school. They must apply to receive funds from the department's Employee Incentive Scholarship Program to pay for their tuition and books. In exchange, VA nurses agree to a three-year employment commitment within the VA health care system once they become licensed to practice as a CRNA.

Wilcox decided to apply for the program because he thought it sounded like a good way to advance in his nursing career and take on more challenges at work. At age 36,

he has been working at VA for about 11 years. He received his bachelor's degree in nursing from the University of Southern Mississippi at Long Beach in 2000. When Wilcox applied for the program, he was working as a registered nurse in the surgical intensive care unit at the Denver VA Medical Center.

The joint Army-VA nurse anesthetist program is divided into two phases—a classroom phase and a practical experience phase. Phase I consists of 45 semester hours of classroom training over a 53-week period at the U.S. Army Medical Department Center and School at Fort Sam Houston in San Antonio. Forty-four Army nurses, five Air Force nurses and three VA nurses attend classes together. Coursework covers such subjects as pharmacology, anatomy, physiology, information systems, physical examination and differential diagnosis.

Guiding students through their first year in the program is Maureen Reilly, Ph.D., a CRNA and the VA program coordinator, who has been involved with the program since preliminary negotiations between VA and the Army began in 2001; the two

organizations signed an agreement in 2004. Reilly is a VA employee detailed to the school at Fort Sam Houston, where she carries a full teaching load and is responsible for advising students in the program. She currently advises seven students from the Army, Air Force and VA.

"The VA students are treated exactly the same as the military students," Reilly said.

Joe said she learned a great deal about discipline and commitment from active duty nurses.

"The Army trained us just like they train their nurses," Joe said. "Their nurses are expected to deploy at a moment's notice. I feel like we received excellent training."

Reilly also serves as research chair or member on 10 student research projects. During Phase I, students are required to complete a research protocol on a topic related to anesthesia. Reilly said the students conduct research projects in groups of four; the groups consist of a mix of Army, Air Force and VA students.

Joe, Wilcox and Wright were assigned to work with an Army major on the effects of kava—an herb grown in the South Pacific—on anes-

What is a CRNA?

Certified registered nurse anesthetists (CRNAs) deliver anesthesia to patients in collaboration with surgeons, anesthesiologists, dentists, podiatrists and other qualified health care professionals. When a nurse anesthetist administers anesthesia, it is recognized as the practice of nursing; when administered by an anesthesiologist, it is recognized as the practice of medicine. Whether their educational background is in nursing or medicine, all anesthesia professionals give anesthesia the same way.

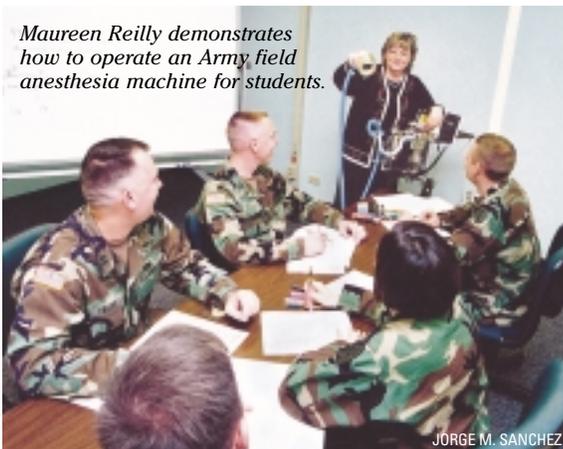
CRNAs practice in every setting in which anesthesia is delivered; they are the primary anesthesia providers in rural America. Nurse anesthetists have been the main providers of anesthesia care to U.S. military men and women on the front lines since World War I. Nurses first provided anesthesia to wounded soldiers during the Civil War.

Approximately 46 percent of the nation's 36,000 nurse anesthetists and student nurse anesthetists are men, compared with about 8 percent in the nursing profession as a whole.

SOURCE: American Association of Nurse Anesthetists



The first three VA nurses graduated from the 30-month, two-phase U.S. Army Graduate Program in Anesthesia Nursing on Dec. 8. Successful completion of the program leads to a master's degree in nursing and qualifies the graduate to take the certification exam for nurse anesthetists. From left: Henry Wright, of the Seattle VA Medical Center; James Wilcox, of the Las Vegas VA Medical Center; and Heather Joe, of the Birmingham, Ala., VA Medical Center.



Maureen Reilly demonstrates how to operate an Army field anesthesia machine for students.

JORGE M. SANCHEZ

thetic agents. Wilcox said the group conducted experiments in the lab, administering a dose of kava, in addition to a standard inhalation anesthetic, to lab rats. They timed the rats to see how long it took them to wake up. Wilcox said the group presented their findings during the American Association of Nurse Anesthetists (AANA) convention in Cleveland last August. Their research abstract was also published in the December issue of the *AANA Journal*.

Following completion of Phase I, students report to the Augusta, Ga.,

VA Medical Center in July to begin the next phase of their training. Phase II consists of 46 semester hours of clinical training over an 18-month period. The Augusta VAMC is the primary clinical site for the nurses' practicum experiences.

Guiding students through their last 18 months in the program is Robert Lloyd, a CRNA

at the facility and program director for Phase II. Lloyd is responsible for overseeing anywhere from three to seven students. Each morning he discusses the surgery cases coming up that day, makes the daily operating room assignments, counsels the students on their performance, and writes their evaluations.

Lloyd is also responsible for tracking the numbers and types of surgery cases students work on so they can meet the certification standards by the end of the program. For example, in order to take the nurse anesthetist

certification exam, the students must gain practical experience in a minimum of 550 surgery cases. Lloyd said this figure is broken down into sub-categories: five heart surgeries, 10 C-sections, 25 vaginal deliveries, pediatric cases for patients under the age of 2, pediatric cases for patients between 2 and 12, lung surgeries, and other cases.

At the Augusta VA, Lloyd estimates that 99 percent of the patient population is male. Most of the surgeries performed are vascular, urological procedures, general surgery, and orthopedic cases involving hip and knee replacements. Lloyd coordinates with Army hospitals in the area to schedule the students for rotations in other surgical specialties. For example, he sends students to Fort Stewart, Ga., to gain experience in obstetrics and pediatrics, and to Fort Gordon, Ga., for experience in cardiothoracic surgery and pediatrics.

Both Lloyd and Reilly noted that VA has a unique population of patients, many of whom suffer from multiple illnesses. With this sort of patient, Reilly said, often the best choice for surgery is not to put the patient to sleep. Instead, regional anesthesia is generally the better choice, and students in the joint Army-VA nurse anesthesia program receive extensive experience in learning to administer spinal, epidural and other types of blocks.

"Our students are very well prepared for taking care of a very complex patient population," Lloyd said.

Wilcox agrees that the intensive training program has prepared him well for the next stage of his nursing career at VA. "I'm pretty confident I can walk into pretty much any OR and be fine," he said.

For more information about the nurse anesthetist program and the application process, visit www.anesthesia.med.va.gov/anesthesia/page.cfm?pg=52. **VA**

By Renee McElween

Restoring Independence

The Driver Rehabilitation Program helps veterans with spinal injuries get back behind the wheel.



Army veteran William Mitchell enters his van on an Under Van Lift.

BRUCE MORRIS

Army veteran William Mitchell lost the use of his legs after a motor vehicle accident in 1999. He spent nine long months in the hospital receiving treatment and rehabilitation and wondering how his life would ever be the same again.

Mitchell has since driven himself to Louisiana in his wheelchair-accessible van and soon plans to visit Alabama, and later, California to visit his brother in Pasadena.

“Don’t focus on what you *can’t* do—focus on what you *can* do.” That’s the advice Mitchell offers as a mentor on

the Spinal Cord Injury unit at the Dallas VA Medical Center. He is also a graduate of the Driver Rehabilitation Program offered through the Physical Medicine and Rehabilitation Service at the facility.

The Driver Rehabilitation Program offers hope to patients who long to return to an active life after receiving an injury that leaves them with limited mobility. Mitchell credits it with helping him reclaim much of his own life. “The only reason you won’t get something out of this program is if you don’t want it,” he says.

The Dallas VAMC has made significant advances in the rehabilitation services it offers and is now considered one of the premier facilities in the country for helping those with spinal cord injuries. Shirley Chapman, a driver rehabilitation specialist at the facility, says the combination of technology, equipment and expertise offered there is difficult to find elsewhere, and they regularly receive requests for consults from other rehabilitation centers, even those in the private sector.

VA offers vehicle modifications and subsidies for veterans with limited mobility to install equipment that allows them to manipulate every feature that any other driver would adjust, Chapman said. For some 100 percent service-connected veterans, VA will purchase and install the technology and offer up to \$11,000 for a new vehicle. VA prefers to install the equipment on new vehicles, but will retrofit any vehicle less than three years old and with less than 35,000 miles. The cost for the materials and labor can be as high as \$50,000.

Seventy-five percent of patients in the SCI ward at the Dallas VAMC are involved in some level of the Driver Rehabilitation Program, but most are only learning how to enter and exit their vehicle. When VA provides a patient with a wheelchair, the department is required to provide rehabilitation and training on how to safely get into and out of their vehicle, Chapman said. Ten percent of the veterans seen are quadriplegics, but are still able to participate in the program.

In addition to helping patients with spinal cord injuries take control of their lives, the driver rehabilitation training simulator can also help patients with substance abuse disorders realize the impact alcohol and drugs can have on their driving ability.

“We can adjust the responsiveness and accuracy of the simulator to reflect different levels of alcohol in the blood,” Chapman explained. “It lets the patient see in a safe and controlled environment just how debilitating these substances can be.”

The Driver Rehabilitation Program also supports “mature” drivers. When physicians or family members are worried about the driving abilities of older veterans, the program can determine through a variety of tests, including a traditional driving test, whether or not they are fit to drive based on reaction time and capacity.

“Our goal is to keep people on the road as long as possible—provided it’s safe for them and everyone else,” Chapman said.

In fact, she added, that attitude is a guiding force for the entire rehabilitation program. “What I hear most of ten [from patients] is, ‘I never thought I’d be able to drive again,’” Chapman said. “Finding out about this opportunity really changes their spirit—they begin thinking about all the other things they might be able to do again, and that’s incredibly exciting. We’re trying to restore independence.”

Mitchell echoes that sentiment. “Talking with some of the other guys, the biggest thing for us is the feeling of independence—of not needing to have people help us all the time.”

That regained independence might be the most valuable outcome of this effort. When a veteran suffers a spinal cord injury, their spouse or other family members routinely take on additional obligations, adding stress to the family dynamic, according to Chapman. But recovering the ability to drive eases that tension. “I’ve become the errand-runner in my family—I do all the shopping, I go to the cleaners, I can go out to eat,” Mitchell said proudly. “Everything I used to do before, I can do now.”

Mitchell’s van looks like any other from the outside, but people still ask him questions when they see him entering or exiting. “Kids come

Navy veteran Dwight Roach hopes to begin the Driver Rehabilitation Program at the Dallas VA Medical Center in March.



BRUCE MORRIS



BRUCE MORRIS



BRUCE MORRIS

Left: The Digi-Pad system controls vehicle operations; right: VA offers six different steering wheel orientations based on the patient’s specific needs.

up to me all the time and ask me to do it again,” he joked while entering his car on his Under Van Lift (UVL).

The UVL is one piece of equipment VA can add to a vehicle. Most of the vehicle controls are operated through either the Digi-Pad or Digi-Tone system. The Digi-Pad system works through a touch-sensitive screen allowing the driver to select the operation they want to perform. Digi-Tone achieves the same result by having the driver press a button for a set period of time. One tone might signal a right turn, while three tones might turn on the windshield wipers. The Digi-Tone button can be located anywhere around the driver, depending on their abilities.

Drivers are given three different

modes for starting the car—a remote control, a button on the dashboard, and a handheld fob device. The handheld device can be touched to four different points on the tailgate to start the car. VA included these options for both medical and mechanical reasons. Some diseases, such as multiple sclerosis, can be exacerbated by extreme heat, so the ability to remotely start the car and the air conditioning is vital to patient health. Multiple modes of entry also ensure that if there is a technical problem or a battery runs out, the user can still enter the vehicle.

Patients use the VA training van to complete their driving test with the Department of Motor Vehicles. According to Chapman, they must



Driver rehabilitation therapists Shirley Chapman, left, and Julie Allen with the driver training van at the Dallas VA Medical Center.

complete a driving test just like anyone else applying for a license—including parallel parking. “It’s a little frustrating since these drivers will be parking in handicap spots anyway, but parallel parking measures one’s ability to control the vehicle better than any other exercise could,” Chapman noted.

Dwight Roach was paralyzed three months ago as the result of a staph infection and has been in physical rehabilitation ever since. If his therapy proceeds as scheduled, he should begin the Driver Rehabilitation Program in March. VA has already begun working on modifications to his vehicle. “The program sounds really interesting and fun—I really want to drive again,” he said.

Roach isn’t yet ready to participate in the program, according to his doctors and therapists. Patients must have reached their full rehabilitative potential in arm strength and mobility before entering, since most of the modifications will be tailored to their abilities. Patients also must be able to sit upright for two hours.

Seven patients are actively working in the program, and 15 patients per month are seen for pre-driving evaluations to determine their driving fitness. Patients who live within 50 miles of the medical center have the

option of requesting driver training in their community, which helps them fully participate in the program and prepares them for driving in their neighborhood.

Patients using high-end driving equipment must complete at least 20 hours of training before they can graduate. Most patients train for more than 30 hours, but many using the standard mechanical controls and the push-right angle hand controls can complete the training in 10 hours or less.

While the majority of current patients are older veterans who suffered spinal injury as a result of staph infections, osteoarthritis, or motor vehicle accidents, the program is making the necessary preparations for an anticipated boost in their enrollment because of the Dallas VAMC’s status as a Polytrauma Network Site providing care to veterans of Iraq and Afghanistan who received their injuries as a result of blasts.

As the therapist for a driving program, Chapman gets asked about her driving skills all the time. “So far, I haven’t had an accident or a ticket. But if you ask my husband, he’s a much better driver,” she said with a smile. **VA**

By Chris Henson

VA Medical Centers With Driver Rehabilitation Programs

Albany, N.Y.
 Albuquerque, N.M.
 Ann Arbor, Mich.
 Atlanta
 Augusta, Ga.
 Biloxi, Miss.
 Birmingham, Ala.
 Boston/Brockton/West Roxbury, Mass.
 Bronx, N.Y.
 Buffalo, N.Y.
 Castle Point, N.Y.
 Cleveland
 Columbia, S.C.
 Dallas
 Denver
 East Orange, N.J.
 Fort Howard, Md.
 Hampton, Va.
 Hines, Ill.
 Houston
 Indianapolis
 Knoxville, Tenn.
 Long Beach, Calif.
 Memphis, Tenn.
 Miami
 Milwaukee
 Minneapolis
 Palo Alto, Calif.
 Phoenix
 Pittsburgh
 Portland, Ore.
 Richmond, Va.
 St. Louis
 Salisbury, N.C.
 Salt Lake City
 San Antonio
 San Juan, P.R.
 Seattle
 Sepulveda, Calif.
 Tampa
 Topeka, Kan.
 West Palm Beach, Fla.

Traditional face-to-face office visits are no longer the only option available to veterans who need treatment for mental health conditions.



LEW MERRIM

A New Way of Providing Mental Health Care

The setting: A comfortable chair for the patient and a straight-backed chair for the clinician. A bookshelf lined with professional books. A tastefully framed series of diplomas hanging on the office wall behind the clinician's desk. A closed door to indicate the session has begun. A box of tissues strategically placed on the coffee table in front of the patient's chair. A clock to mark the end of the session.

While this may be the setting most veterans expect to encounter when receiving treatment for their mental health conditions, it is no longer the only option they have available to them. Technology has changed the way VA delivers mental health care to veterans.

The use of videoconferencing technologies between hospitals and clinics and other VA sites of care is known as care coordination general telehealth. VA provides telemental health services to veterans using virtual linkages between patients and mental health providers separated by geographical distances. Typically, the clinician remains at the VA medical center while the patient is at a community-based outpatient clinic.

Telemental health in VA currently takes place at 311 sites, of which 164 are community-based outpatient clinics, 89 are medical centers, 21 are vet centers, and 23 support home telehealth. A total of 15,051 veteran patients with mental

health conditions received 29,856 consultations through telemental health during fiscal year 2005. During fiscal year 2006, those numbers increased to 19,628 veteran patients seeking 37,234 consultations through telemental health.

Dr. Linda Godleski serves as the lead for telemental health at VA. She said the technology offered by telemental health has increased the access veterans have to receiving treatment for mental health conditions.

"Patients who live far from VA

Dr. John Chardos, telehealth director for the VA San Diego Healthcare System, says telemental health allows VA to improve access to mental health treatment for veterans.

medical centers now have ready access to mental health care without having to travel long distances," she said. "The patients really like it."

Although the patient and clinician are not physically located in the same room, they can see and hear one another through the use of a variety of telehealth equipment. Some locations feature high-end videoconferencing equipment in dedicated conference rooms, while others have individual tabletop stand-alone videoconferencing equipment, desktop PC videoconferencing software and equipment, or videophones. Since all of this equipment offers live, interactive voice and video, Godleski said the patient and clinician often forget they are separated geographically by miles and miles of highway.

"It takes just a few minutes and you feel like you're right in the room with the patient," she said.

Veterans can use telemental health for individual psychotherapy, group therapy, family therapy, or specialized programs such as smoking cessation or pain management. Godleski said patients have been "extremely excited about and willing" to try this new technology because generally it means they get to see their clinician without the hassle of driving long distances and difficult commutes. For patients already experiencing anxiety disorders, shortening their commute serves to decrease their anxiety.

Asked if they were surprised that patients were willing to discuss their very personal thoughts and feelings in what could be perceived as a cold, impersonal atmosphere, both Godleski and Dr. John Chardos said the very opposite has proven to be the case. Chardos is the telehealth director for the VA San Diego Healthcare System. He noted that for patients experiencing some disorders, such as anxiety disorders or PTSD, "it may actu-

ally be easier because they are a little disconnected from the provider." He said he knows of several instances in which patients have opened up in a telemental health situation, revealing things they have never shared with a soul.

Chardos said veterans at his facility have the option of receiving mental health treatment through telemental health via videoconferencing or Webcam, or through the traditional face-to-face office visit method. Although Vietnam veteran Reyes Fernandez is enrolled in the telehealth program to monitor his diabetes from his home, he said he prefers to meet with his doctor in person to discuss issues relating to his PTSD. The 60-year-old resident of Holtville, Calif., said he wouldn't feel comfortable sitting in front of a video screen discussing these issues. Fernandez lives about 130 miles from San Diego.

"Patients who live far from VA medical centers now have ready access to mental health care without having to travel long distances."

Godleski said clinicians look at patient demographics when deciding when to recommend telemental health as a treatment option to veterans. Veterans who have to travel long distances to a VA facility or who have a service-connected disability that makes it difficult for them to travel are approached first. Clinicians also have to consider whether a patient has any physical limitations that would eliminate telemental health as an option. Veterans who have difficulty seeing or who are hard of hearing, for example, would not be good candidates.

Chardos said the idea of telemental health is to improve access for patients who need mental health treatment. Telemental health has been offered at his facility since 2005. During the first year, veterans participated in 124 sessions. In 2006, that

figure increased dramatically—veterans sought treatment through telemental health by scheduling 412 sessions. When surveyed about their experience with telemental health, 94 to 96 percent of the patients indicated they were very satisfied, would recommend it to fellow veterans, and found it more satisfying than face-to-face office visits.

Dr. Ira R. Katz is VA's deputy chief patient care services officer for mental health. He is responsible for coordinating and providing administrative oversight for mental health services in all VA medical centers and clinics. His office works closely with VA's care coordination program to provide "content expertise" to the telemental health program.

Katz said VA has been focusing on making telemental health services available to veterans using the community-based outpatient clinics. In the smaller clinics, the goal is to

make general mental health services available. In the larger clinics, the goal is to make mental health specialty services available, such as treatment for PTSD or substance abuse disorders.

As more veteran patients seek access to mental health care through telemental health, VA continues to invest more money in the program. Godleski said \$9 million was awarded in fiscal year 2006 for telemental health equipment and staffing.

Dr. Adam W. Darkins, chief consultant for care coordination, notes that although technology is allowing greater access to veterans seeking health care, it is not the driving force behind VA's interest in pursuing care coordination.

"VA's focus is on the patient and the veteran," Darkins said. "It's all about figuring out what is important to the patient." ^{VA}

By Renee McElween

After her husband was injured in Iraq, physician assistant Juanita Yerry gained a new perspective on what her patients and their families go through.

Juanita Yerry checks on one of her patients in the dayroom of the long-term care unit at the Fayetteville, N.C., VA Medical Center.



The Other Side of the Fence

RENEE MCELVEEN

When Juanita Yerry found her role switched from health-care provider to wife of a wounded soldier, she developed a new approach to treating her patients and interacting with their family members.

Yerry is a physician assistant with the Fayetteville, N.C., VA Medical Center. She works with patients on the long-term care unit and patients who come into the outpatient clinic for geriatrics. Her duties include admitting and discharging patients, taking their medical histories, giving them physicals, and diagnosing and treating any problems they are experi-

encing. She has worked at VA for a little more than three years.

She is married to an Army sergeant major assigned to a unit at Fort Bragg, N.C. In September 2005, Yerry was preparing to travel to Washington, D.C., to attend the funeral of a soldier in her husband's unit when she received a phone call from the unit's Family Readiness Group notifying her that her husband had been injured in Iraq.

Her husband had received a gunshot wound to his right leg, which resulted in the amputation of his leg just above the knee. She determined that her husband's medical condition

was stable, and went ahead with her plans to represent him at the funeral at Arlington National Cemetery before meeting him at Walter Reed Army Medical Center in Washington, D.C. Yerry said her medical training came into play when she received the phone call, and she didn't allow her emotions to get too far ahead of her.

"My first thoughts were, 'Boy, he is going to be really ticked off when he realizes his leg is gone, and now we need to sell the house,'" she recalled. At the time, they owned a split-level home with many stairs and a steep driveway. The kitchen and bathrooms

had slick tile floors that would be treacherous for her husband as he tried to navigate through the house on crutches. Also, the hallways and doorways were narrow, and would not allow the passage of a wheelchair. She immediately put the house up for sale.

"I understood as a health-care provider that things needed to be changed to accommodate his special needs," she said. "I would never have thought this would happen to us, but you never do."

Yerry knew her husband of 16 years would be upset about losing his leg because he was used to being extremely active, competing in triathalons and practicing jujitsu—the Japanese art of self-defense.

"I would never have thought this would happen to us, but you never do."

The first time Yerry saw her husband at Walter Reed was about a week after his injury. She stayed with him the entire nine weeks he spent there. The Fayetteville VAMC arranged for her to work part-time at the Washington D.C., VAMC so she could continue to earn some income. Working a few days a week also gave her a much-needed break from caring for her husband.

"While caregiving, you lose focus on almost everything but the person you are taking care of," she explained. "You become so focused on the patient. I did everything I could to ward off stressors on him."

In addition to working part-time and taking care of her husband, Yerry dealt with a realtor over the phone to sell their home and buy a ranch-style home in Fayetteville. Their new house had to be heavily gutted and remodeled at a cost of nearly \$40,000 to make it accessible and safe for her husband's physical limitations.

Yerry returned to work at the Fayetteville VAMC full time last April, and found it was tough to face her patients on the long-term care

unit. "There were many breakdowns and emotional times that made my job very difficult," she said.

As she made her rounds, she would become sad thinking about her patients' lives. Many of her patients suffer from Alzheimer's disease.

"Growing old and knowing that we all die never bothered me before," she said.

Although Yerry believed her patient care was quite good before her husband's injury, she says her approach these days is less clinical.

"I never understood what patients and family members were going through," she said. "I am much more in tune now with how everyone is doing."

She explained that in the past, she might have considered certain requests made by patients' family members to be "trivial," but she no longer views those requests in that light. After spending the last year taking care of her husband as he struggled through his painful recuperation process, she can now put herself in their shoes and understand how important it is for the medical staff to take these requests seriously.

Yerry said she is also careful to monitor her attitude, especially when she is feeling rushed or tired.

"I try to remember that the patient could be a member of my family or even me one day," she said. "I think about whether this is the way I would like to be treated."

Vicki Richardson, R.N., has worked with Yerry on the long-term care unit for the past two years. The pair has established a team approach to their patient care. Whenever Richardson has any concerns about one of their patients, she seeks out Yerry as her "go-to person"; Yerry, she says, stays in close communication with the nursing staff to keep her

abreast of the patients. Richardson said she noticed the changes in Yerry's approach to patient care when she returned to work after caring for her wounded husband.

"The experiences that she had taking care of her husband and seeing his pain was a real eye-opener for her," Richardson said. "She was on the other side of the fence. She was a family member. It was something that opened her eyes from the patient's point of view as to what they were experiencing and the needs that they have."

Although Richardson said Yerry has always been a caring, giving, sensitive person, "she's become an advocate for the patient" and "really fights" for their needs.

Yerry's husband has returned to duty with his unit at Fort Bragg. He has been fitted with a mechanical leg and a running leg and can walk without assistance. He has learned how to drive with one leg. The sergeant major credits the devotion and care he received from his physician assistant wife with playing a vital role in his recovery process.

"She is truly my guardian angel and I could never have made it through the last year without her strength," he said.

In addition to applying the experiences of her husband's injury and recuperation to her professional life, Yerry has made some changes in her personal life, too. She says she's not as uptight about things. Wheelchair tracks on the wall at home or a spilled drink on the living room carpet no longer bother her.

"I allow myself to slow down and enjoy things more," she said. "It's okay to take the time to sit on the back deck and look at the stars. I am lucky to be alive and healthy enough to do that. I also have my husband back, both mentally and physically. That is the thing that matters the most and makes me happiest." VA

By Renee McElween

Mapping History

A pilot project using Global Positioning System technology to record the features of historic Alexandria National Cemetery could have broad implications for the future of cemetery management.



The National Cemetery Administration is a typical agency when it comes to the challenge of recording and managing its acreage and whatever relevant resources it contains—in this case, historic cultural landscapes.

One well-established technology federal agencies use to gather geographic data had not been applied to comprehensively document NCA's heritage assets until last year. The NCA History Program completed a pilot project to use Global Positioning System (GPS) and Geographic Information System (GIS) technology to

record the features of historic Alexandria National Cemetery in northern Virginia.

The goal of the project was to demonstrate the value of recording the geospatial data of NCA's heritage assets—buildings and structures, walls and gates, utilities and infrastructure—as well as significant natural el-

ements. The most practical outcome is the value of linking exact locations and photographs of thousands of headstones with basic veteran data culled from the Burial Operations Support System (BOSS, the electronic equivalent of old paper Reports of Interments).

To realize the final product, NCA entered into an Interagency Agreement with the National Park Service, which some years ago tested GIS mapping at some of its Civil War-era national cemeteries. The Park Service's Cultural Resources Geographic Information System facility carried out the work, which included mapping of all cemetery features down to +/- 1 meter and developing a GIS application for it. The work required about 18 months to complete at a cost to NCA of \$17,000. The application is done using ArcGIS, which allows the creation of "layers" of data that can be viewed to compare changes at the cemetery over time.

Alexandria National Cemetery, established in 1862, was part of the first group of national cemeteries authorized to inter Civil War dead. It was chosen as a subject of the project for its proximity to NCA and Park Service offices, as well as its modest

James Stein, of the National Park Service, collects GPS-GIS data in the Alexandria National Cemetery.

five and a half-acre size.

The cemetery also contains exemplary architectural and cultural features, such as the interment of about 280 U.S. Colored Troops. The Victorian lodge designed by Gen. Montgomery Meigs and the cemetery enclosure wall are made of dark red Seneca sandstone, a familiar building material in the National Capital Region. Behind the lodge is a standard-design “comfort station” erected around 1887 that, albeit much altered, may be the only one remaining.

The majority of the nearly 4,100 graves date to the late 1960s, and the cemetery is formally closed. The lone memorial monument marks the graves of men who died in pursuit of

President Abraham Lincoln’s assassin.

NCA provided copies of a range of site plans for the cemetery—from 1892 and from modern site layouts, a 1945 topographic plan, a 1959 grave layout, a 1990 tree survey, and an aerial photograph taken around 1950. NCA scoured its own archives for historic images to illustrate cemetery features, and undertook research at repositories in the city of Alexandria, where new information was located about U.S. Colored Troops interred at the national cemetery, as well as the first generation of buildings there.

These photographs and copies of relevant written material such as early descriptive newspaper clippings, Army inspection reports and ledgers, biographies of the superintendents, and 19th century construction specifications, are all linked to the feature or simply to the entrance to the cemetery. By clicking on each feature, relevant historical information comes up.

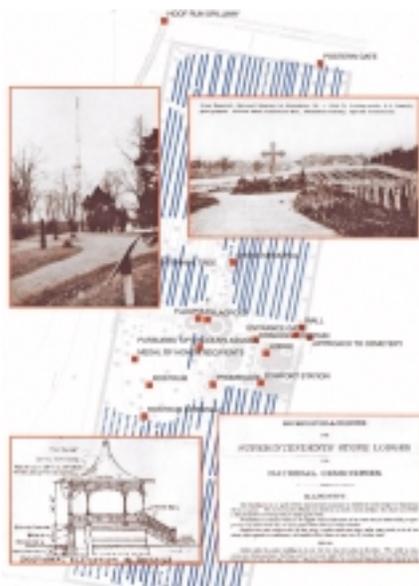
The Park Service staff photographed all headstones, cataloged the inscriptions and gathered all geospatial locations. Non-sensitive data from BOSS were used to populate the headstone records, which allows a user to click on a grave in search of its occupant, or to search for

someone by name to locate the grave. A user can also search for a subset of burials, like U.S. Colored Troops. Other fields will be available to post an individual’s photo and genealogical or historical information. The fields populated for interments include date of death, war period, military service, rank and awards.

Using historic records that describe features in text or illustrate lost features, the cemetery landscape can be seen at key times, such as the 1870s, when there was a temporary pine-log office and an enormous cross that marked the cemetery entrance; or at the end of that century, when a greenhouse and drainage pond at the back corner collected water from a central fountain.

The 19th century features at the cemetery are evidenced in site maps and construction drawings, which are the basis for anchoring archival matter to a real location. In an effort to serve the needs of different NCA users, especially the offices of Field Programs and Construction Management, data layers were populated with a range of information that could be useful in the course of managing an historic cemetery. Newer, active cemeteries would primarily benefit through GIS recordkeeping of interments and maintenance needs.

Ultimately, GIS data could be instrumental in organizing modern-day operations (interment scheduling, raising, realigning and cleaning headstones), construction (cemetery expansion, environmental and historic preservation compliance), finance (capital asset management, heritage assets, budget) and statistics (property ranking, size, political boundaries). The pilot project at Alexandria National Cemetery demonstrates how GPS mapping is successfully applied to historic resource management, but the implication is that it could be used agency-wide in many other disciplines. VA



COURTESY NATIONAL CEMETERY ADMINISTRATION

Left: View of the 1892 layout with graves (blue dots) and built features (red squares) marked. Images are linked to the appropriate feature on the map; below: A view of Alexandria National Cemetery, circa 1869.



COURTESY NATIONAL CEMETERY ADMINISTRATION

By Sara Amy Leach

Easing the Transition

Employees at the Washington, D.C., VA Medical Center are going the extra mile to meet the special needs of veterans returning from Iraq and Afghanistan.

The Washington, D.C., VA Medical Center is planning a “Welcome Home Celebration” to help ease the transition for veterans returning from Iraq and Afghanistan. The event, to be held on May 19, is one of several new initiatives, such as orientation classes and child-care services, that the hospital has established to help veterans and their families during this period.

These initiatives are intended to spread the word about the various VA benefits and make VA health care more accommodating to returning veterans, many of whom are younger and have families, according to facility director Sanford M. Garfunkel. “We will do whatever it takes to make sure they get the quality care they need and deserve,” he said.

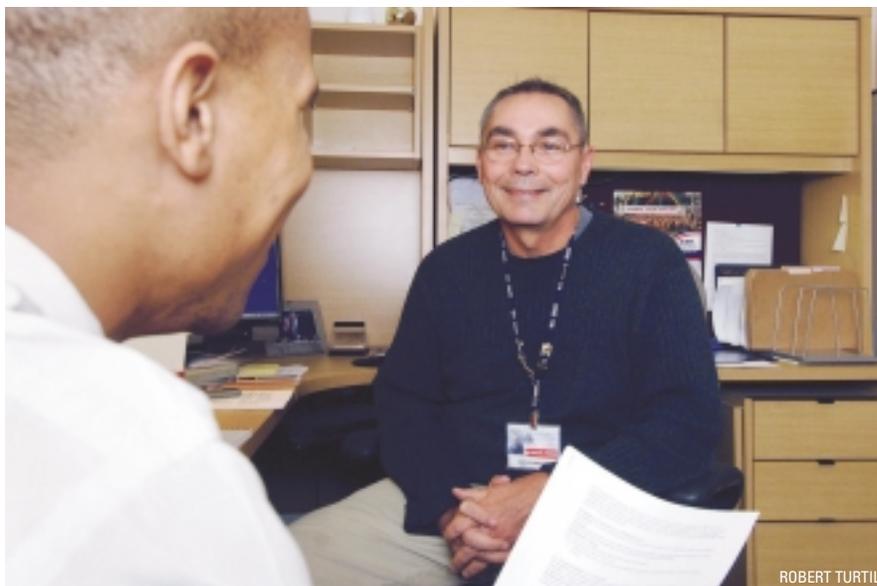
Though some of the initiatives, such as the welcome home event, are still in the planning stages, veterans have already experienced a number of the changes. Several months after returning from Iraq, where he served as a member of the National Guard, Ray Massey noticed symptoms of lingering stress that included hostility, anger, trouble sleeping and emotional numbing. He remembered attending a briefing before going to Iraq in which VA employees described veterans be-

ing eligible for two years of health care after leaving the service. He decided to give it a try.

Social worker Jean Langbein introduced Massey to the VA health care system, as she does with all returning veterans. Langbein set him up with an orientation folder that outlined the full range of benefits available. She also enrolled him in a war injury class offered by the War-Related Illness and Injury Study Center at the facility.

She even made sure his VA health care folder was properly flagged to ensure he received the attention of social workers and other hospital staff during his transition. “Even before a new veteran sets foot in the doors, we are working to ensure they receive the care they deserve,” said Langbein.

Another veteran who has benefited from the recent initiatives is Marine Donald Lange, 51, who suffered a traumatic brain injury while



Steve Mason, a social worker at the Washington, D.C., VA Medical Center, talks with patient Ray Massey, who served in Iraq with the National Guard.

ROBERT TURTEL



ROBERT TURTEL

Kerri Parsons, left, a speech pathologist at the Washington, D.C., VA Medical Center, and Colleen Boyle, a speech pathologist intern, work with patient Donald Lange, who suffered a traumatic brain injury while serving as a Marine in Afghanistan.

serving in Afghanistan. Lange was receiving occupational therapy at the hospital when he heard about the orientation classes and signed up. Through these classes, he was able to receive assistance in understanding his benefits and medical care.

Due to the nature of his injuries, Lange has difficulties performing some everyday activities, including setting and keeping medical appointments. But with help from Langbein, as well as therapists Kerri Parsons and Andrea Meehan, he is making progress.

Meehan has taken a personal interest in making sure that veterans like Lange get the occupational therapy they need to live their lives as fully and independently as possible. "Programs like this give those recently wounded veterans coming back from Iraq and Afghanistan a better

opportunity to excel in their therapy and become an independent and working part of society again," she said.

This is good news for veterans like Massey, who is pleased to see the medical center reaching out to returning veterans. "There are a lot of

good things about this program ... it's just getting the word out to all those veterans that will be a challenge for VA." And that's exactly what the May 19 event and other hospital initiatives are designed to do. **VA**

By Corey McGee

Expanding PTSD Services

To help returning servicemembers who are struggling with readjustment difficulties, the Washington, D.C., VA Medical Center changed the focus of the post-traumatic stress disorder clinical team (PCT), now known as trauma services. The clinic will now offer treatment for combat and non-combat PTSD, sexual trauma, and the dual diagnosis of PTSD and substance abuse.

They have increased the number of expert staff members to assist those troubled by these conditions to include psychologists, social workers, nurses, researchers, psychiatrists and an addictions therapist. Through this team, veterans can also receive family counseling and child-care services during treatment sessions.

Twin Sister Act

From the seat of power in the Secretary's suite to the front lines at a VA medical center, the Colli twins are dedicated to serving America's veterans.

For twin sisters Jacqueline “Jackie” and Janet Colli, the more things change, the more they stay the same.

Jackie arrives to work in Washington, D.C., dressed elegantly in business attire, ready to meet and greet the numerous dignitaries, celebrities and high-level government officials who stream by her desk all day.

Janet arrives to work 750 miles southwest of the nation's capital in Birmingham, Ala., wearing a white lab coat and scrubs, ready to meet and treat the numerous patients she will see that day.

From the seat of power in the Secretary's suite to the front lines at a VA medical center, the Colli twin sisters share the same objective—to do the best they can at their jobs to serve America's veterans.

Born 10 minutes apart in La Plata, Md., a Washington, D.C., suburb, the firstborn children of Albert and Flora Colli were a handful, vying for their parents' attention.

“The two were very competitive when they were little,” said their mother, who would dress them alike, much to the chagrin of the twins, who are not identical.

Though they spent much of their

early years together, it became apparent that they had different interests, and the sisters later went their separate ways pursuing those interests.

“Jackie was always the athletic one,” said her mother. “She played sports in school and was a star infielder on her softball team, including two years as an all-star third baseman

for Prince George's County. Janet was the studious one who always had an interest in medicine.”

“When we were little, Janet used to play with toy doctor's kits and science-related toys and I used to play with sports and other game toys,” said Jackie.

“She was always much better at



ROBERT TURTEL

sports than I was and I was better at school,” said Janet. “We each knew this and accepted it but we also helped each other.”

On the twins’ 6th birthday, their parents gave Janet a doll. “It was an anatomical doll and I proceeded to

“I feel very privileged to be in a position to help veterans. They are a great group of individuals and are very appreciative,” said Janet, who is fellowship-trained in urologic oncology. “It’s important that we provide top-quality care to patients with uro-

Secretary last year when she visited her sister at work.

Secretary Jim Nicholson concurs with Janet’s assessment of her twin sister. “Jackie is creative and energetic. The whole department has benefited from her resolve and effectiveness at getting things done,” he said. “Her exceptional attitude, professionalism and dedication are most admirable. She’s a real trooper.”

Jackie’s day begins around 8 a.m. and ends about 11 hours later. She is a gatekeeper of sorts. No one goes into the Secretary’s office without first stopping at her desk outside his office. She advises him daily on a variety of issues, including congressional and media requests, scheduling conflicts and telephone queries. Her job is to ensure that the Secretary is prepared, briefed and ready to take on his critical responsibilities of ensuring the nation’s veterans get the quality support they deserve.

Jackie, who has worked for two other Cabinet secretaries, came to VA in 2005 at the recommendation of former Health and Human Services Secretary Tommy Thompson.

While the job can be a pressure cooker, Jackie admits there are some perks. One of them is getting to meet interesting people and celebrities. She has also been to the White House, Capitol Hill and Arlington National Cemetery for special events.

Another perk for Jackie is having a doctor for a twin sister.

“When I was diagnosed with breast cancer six years ago, Janet took care of me,” said Jackie. “I was devastated but Jan got me through the most difficult time of my life. I know I’ll beat this because my ‘older’ sister is always on top of it, making sure I have appropriate tests and follow-ups and she’s always asking questions. It is great to have a twin sister who’s a doctor.”

It is also great for VA to have a twin sister act serving veterans. 



As assistant to Secretary Jim Nicholson, Jackie Colli, left, helps make sure he’s ready to take on his daily responsibilities; her twin sister Janet, above, is chief of urology at the Birmingham, Ala., VA Medical Center.

remove all the organs which could be removed and then put them back in,” recalls Janet. “I loved playing with that doll and this is when I first knew that I wanted to become a doctor. Since then I have always been interested in health care. I also enjoy working with my hands and am especially hooked on surgery.”

Janet has worked at VA medical centers in Clarksburg, W.Va., Seattle and Dallas; she’s now chief of urology at the Birmingham VA Medical Center. She has been instrumental in a research effort with other VA medical centers to identify the best treatment for hormone refractory metastasis prostate cancer patients.

logical malignancies. Many veterans are unfortunately burdened with this type of disease.”

Janet points out that she truly admires what veterans have done for this country and appreciates the fact that her job allows her to give something back to them.

And her patients appreciate her, too: “I want to be seen by the pretty woman doctor” is a common phrase heard daily at the Birmingham VAMC Urology Unit.

Janet is pleased that her twin sister is now also in a position to help America’s veterans. “I like the fact that she is working directly for my ‘boss.’ My sister is a hard worker who can get things done. It is a plus that she is working in VA Central Office. I couldn’t think of anyone better to do the job,” said Janet, who met the

By Ozzie Garza

In Memoriam: James D. Priestap

Iron Mountain police officer is the second VA employee known to have been killed in Iraq.

James D. Priestap, 39, a police officer at the Iron Mountain, Mich., VA Medical Center, was killed in action in Iraq on Thanksgiving Day. He was on a mission with the 46th Military Police Company of the Michigan Army National Guard when he was shot and killed by an insurgent sniper.

A Michigan native, Priestap had been employed at the Iron Mountain VAMC since January 2005. Prior to joining VA, Priestap served on active duty as a rescue swimmer in the Navy, and with the sheriff's department in Sarasota, Fla. He received several military awards, as well as recognition as an outstanding employee at the VA medical center. His prior service with the National Guard included a 2005 activation and deployment to provide security support in New Orleans during recovery operations following Hurricane Katrina.

"Jim Priestap was an exceptional individual, professionally and personally," said Janice Boss, director of the Iron Mountain VAMC. "He was with us for almost one and a half years; rarely has anyone had such a positive impact in such a short time.

"Going 'above and beyond' on behalf of veterans and his co-workers was standard operating procedure for Jim. He was widely liked, respected and admired, especially for his joy in his family and military service to our country, in whose cause he made the ultimate sacrifice. Everyone who knew Jim Priestap is heartbroken at his death. Our thoughts and prayers are with Jim's family and his military unit."



Jim Priestap was shot and killed by an insurgent sniper while serving with a unit of the Michigan Army National Guard in Iraq. More than 100 of his colleagues and volunteers at the Iron Mountain VA Medical Center braved sub-freezing temperatures to honor him as his funeral procession passed by the medical center.

More than 1,000 people attended the viewing to offer final respects to the fallen soldier and condolences to his family. The funeral took place on Dec. 4, with 650 people attending.

During the funeral, an announcement was made that Sgt. 1st Class Jim Priestap received a Purple Heart and a Bronze Star for his service in Iraq. A committal service with full military honors took place following the funeral. As the funeral procession passed by the VA medical center on the way to the cemetery, more than 100 VA employees and volunteers stood outside in 15-degree weather along the facility's Avenue of Flags to show respect for Sgt. Priestap and

sympathy for his family, friends, military unit and VA co-workers. He leaves a wife, their 10-year-old daughter, 9-year-old son and guardian son, his parents, two sisters, three brothers and a large extended family.

Priestap is the second VA employee known to have been killed in Iraq. In December 2004, Sgt. Joseph O. Behnke, a maintenance mechanic with the Manhattan division of the VA New York Harbor Healthcare System, was killed while serving with the Army Reserve's 258th Field Artillery Regiment. He was thrown from a Humvee that crashed into a barrier while escorting a convoy north of Baghdad. **VA**

Wreaths Across America

Holiday wreaths were placed in remembrance at 105 VA national cemeteries on Dec. 14 as part of a privately funded program to honor the nation's veterans. The Worcester Wreath Company of Harrington, Maine, made, donated and distributed the wreaths. It was the first year of the company's "Wreaths Across America" project. For the past 15 years, the company has sent wreaths to decorate graves at Arlington National Cemetery. This year they sent each of the other national cemeteries six wreaths to



GARLAND BELL



JIM RICH



MICHAEL BURKHART



LINDA R. AYERS



WILLIAM ISBELL



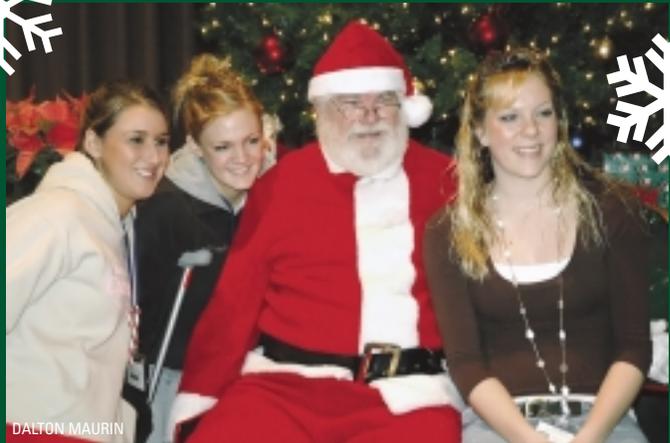
QUINCY WHITEHEAD

be placed at the flagpole—one for each of the military service branches and one to honor former prisoners of war and troops missing in action. The company also sent wreaths to 89 state veterans cemeteries.

A sampling of wreath ceremonies held at VA national cemeteries: (clockwise from bottom left) Houston National Cemetery; Riverside (Calif.) National Cemetery; San Joaquin Valley National Cemetery, Gustine, Calif.; Fort Logan National Cemetery, Denver; Fort Gibson National Cemetery, Fort Gibson, Okla.; and Barrancas National Cemetery, Pensacola, Fla.

Holiday Spirit

The spirit of the season was much in evidence at VA facilities all over the country ...



Clockwise from bottom left: Students from El Reno High School take to the halls of the Oklahoma City, Okla., VA Medical Center bearing gifts for patients as part of the Gifts for the Yanks Who Gave program, which began 61 years ago after World War II. Back then, high schools all over the country participated in the program. El Reno High is believed to be the only one that still participates. Each year, the students collect donations, purchase and wrap gifts, and deliver them personally to patients;

Ray Monfore, a recreation specialist with the homeless veterans program at the Alaska VA Healthcare System, played Santa for the local American Legion Auxiliary delivery of stockings to patients at the VA/DoD joint venture medical facility at Elmendorf Air Force Base in Anchorage, and thanked the staff there for their service;

Analesa Kalb, niece of Chuck Kalb, a volunteer at the Chalmers P. Wylie VA Outpatient Clinic in Columbus, Ohio, with Mrs. Clause at the facility's third annual Operation Holiday Cheer celebration on Dec. 16. More than 150 active duty servicemembers, veterans and their families participated in this year's event, which offers a free professional photo opportunity with Santa;

Suzanne Powell, an administrative assistant with the New Mexico VA Health Care System in Albuquerque, checks out the antlers worn by "Sam the Reindog" when he visited patients and staff on Dec. 14. Sam and his owner, Karen Green, are members of the Southwest Canine Corps of Volunteers Inc. The group regularly brings dogs in to visit patients as part of the facility's recreation therapy program;

Santa (Mike VanSaudt) poses with student volunteers from Eagle Point High School (Jessica Bullard, Kirsten Emigh and Kayla Mathis) at the annual tree-lighting ceremony at the VA Southern Oregon Rehabilitation Center & Clinics.

Clockwise from bottom left: Secretary Nicholson joined other top officials and employees at the annual holiday sing-along in the lobby of VA Central Office on Dec. 13;

"Rachel the Elf," an employee of Lloyd & Company Property Management, with Luella Onken, a World War II Navy veteran and, at 94, the oldest volunteer at the Sioux Falls, S.D., VA Medical Center. Company employees visited the medical center several times last year to bring cheer to hospitalized veterans. During their holiday visit, they brought more than 100 phone cards donated by another local company, tickets to sporting events, and trays of holiday treats;

USS Wasp sailors took time to visit with residents at the Philadelphia VA Medical Center's Nursing Home Care Unit while they were in town for the Army-Navy game Dec. 2. The sailors also helped put up holiday decorations;

Fernando Rivera, director of the Martinsburg, W.Va., VA Medical Center, and employee volunteers visited hospital and nursing home patients, including Wallace B. Diehl, on Christmas Eve and New Year's Eve with carts of healthy holiday goodies, including eggnog and sparkling cider, festive decorations, and holiday cards and greetings;

When the staff of Optometry Service at the White River Junction, Vt., VA Medical Center offered to send a holiday care package to Army Maj. Jeff Mataruso in Afghanistan, he politely asked that they instead send supplies for the school he is working to establish. The entire eye clinic staff immediately geared up to gather and ship school supplies and other items requested, including hats and gloves for the children. Mataruso, pictured at left with some of the children who were beneficiaries of the staff's generosity, is the brother-in-law of Carol Mataruso, a health technician with Optometry Service at the facility;

Santa (Raymond Spade) delivers a gift to patient William Ryan at the West Palm Beach, Fla., VA Medical Center. Behind them are volunteers (left to right) Josephine Anton, Edith Crosby, Jordan Crosby and Chuck Seabrook. Every patient at the facility received a gift donated by veterans service organizations.



MONICA HALLMAN



BARBARA CORBIN



SHIRLEY REDMOND



COURTESY MAJ. JEFF MATARUSO



PRISCILLA WATTS



GARY DALE

Secretary, Maryland Officials Launch New Job Training Program



Secretary Jim Nicholson, left, joined outgoing Maryland Governor Bob Ehrlich, right, to announce an innovative job training program for veterans in the state.

VA Secretary Jim Nicholson joined outgoing Maryland Gov. Robert L. Ehrlich Jr., in Annapolis on Dec. 11 to announce the launch of an innovative new program that offers

eligible Maryland veterans training opportunities in a variety of job skills.

Through the Maryland Veterans Workforce Training Program, honorably dis-

charged veterans can get training in areas ranging from bus maintenance to computer skills, all geared toward helping them transition into civilian life. The program, which

could become a national model, is offered through the Maryland Transit Administration (MTA).

MTA often has unfilled slots in its regular training classes for employees. Through this new program, veterans will fill those slots. The training will be free to veterans, and there's no additional cost for MTA because it is already offering the classes for its employees. Courses cover technical skills, such as bus and rail maintenance, as well as office skills such as financial planning, basic computer use, business writing and customer service.

"This program is the first of its kind in the nation," said Ehrlich. "When many veterans finish their military service, they need assistance in making the transition to the civilian job market. By using available training positions at MTA, we can help veterans build on the skills they learned in the military by teaching additional skills that are valuable in the civilian marketplace. The goal is to open doors through training and help veterans build a better life."

In addition to providing a service for veterans, Maryland officials believe the program will help the state develop a pool of talent to potentially fill government vacancies expected to occur in the coming years as a growing percentage of the state workforce becomes eligible for retirement.

"This initiative will greatly complement comprehensive efforts being undertaken by VA and the Department of Labor at the national level to provide economic security to our newest generation of veterans and their families," said Nicholson. **VA**

Fisher Houses Approved for Four More VA Sites

Safe, comfortable and affordable housing for families of veterans being treated at VA facilities moved closer to reality with the department's decision to approve new Fisher Houses in Boston, Dallas, Richmond, Va., and Seattle. The houses provide free lodging to the families of VA patients.

"These compassionate gifts will enable our patients to focus on their treatment and permit them to receive the full benefit of VA's world-class care," VA Secretary Jim Nicholson said.

The new Fisher Houses will be built on the grounds of the four facilities. Construction in Dallas, Richmond and Seattle is scheduled to begin this year, and in Boston in 2008.

"We are honored to be able to help America's veterans and their families," said Fisher House Foundation Chairman Ken Fisher. "While our number one priority continues to be those servicemen and women wounded in Iraq or Afghanistan, these new facilities will also benefit veterans of all our nation's conflicts."

Nicholson expressed his gratitude to Ken Fisher, whose Fisher House Foundation has built multi-family living facilities at VA medical centers and military health care facilities that allow families to be with their loved ones during lengthy medical treatments and rehabilitation.

Fisher Houses are built through public donations and contributions from the Fisher House Foundation. VA assumes responsibility for operating costs of the finished homes.

Currently, VA has eight Fisher Houses in: Albany, N.Y.; Bay Pines, Fla.; Cincinnati; Denver; Houston; Minneapolis; Palo Alto, Calif.; and West Palm Beach, Fla. A ninth Fisher House is under construction in Tampa, with completion expected early this year. **VA**

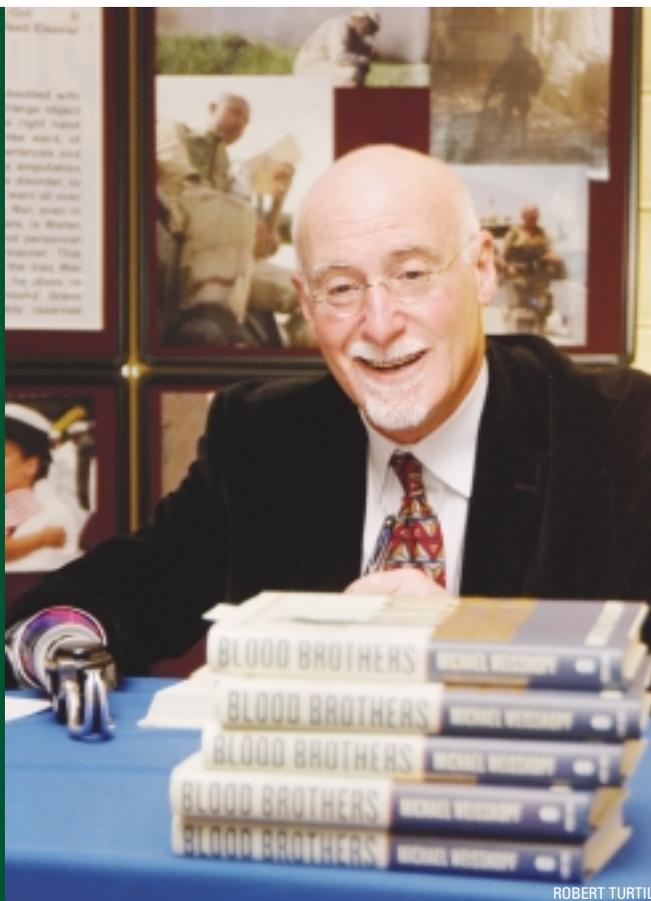
Book Signing Features Time Reporter Wounded in Iraq

Time magazine reporter Michael Weisskopf was in the VA Central Office Canteen Service Food Court on Dec. 20 to meet employees and sign copies of his book *Blood Brothers—Among the Soldiers of Ward 57*, which recounts his recovery and rehabilitation on the amputee ward at Walter Reed Army Medical Center in Washington, D.C., after losing his hand to a grenade in Iraq.

Weisskopf, 58, was accompanying a patrol in Baghdad in 2003 when he picked up a grenade that flew into his Humvee. His book relates the consequences, beginning with a detailed account of a medic's emergency treatment of Weisskopf's shattered hand, his speedy transport to an aid station, helicopter flight to a front-line hospital, flight to the trauma center in Germany, and finally to amputee Ward 57 at Walter Reed.

Readers quickly learn that amputees make up a significant percentage of the Iraq war's wounded. Weisskopf adds stories of three American soldiers who also endured months of pain before adjusting to new lives.

"Walter Reed's Ward 57 is often in the news, but always viewed from the outside in," wrote "Doonesbury" cartoonist Garry Trudeau. "*Blood Brothers* gets it right because its author actually shared in the torments of the amputee warriors he befriended during his stay. Weisskopf's story is theirs, with the unyielding pain, the acute sense of loss, and the deep need to recover a personal narrative that makes that loss bearable."



ROBERT TURTIL

Michael Weisskopf signed copies of his book recounting his experiences on the amputee ward at Walter Reed Army Medical Center in Washington, D.C.

VA Health Care System Outscores Private Health Care Again

For the seventh straight year, VA has received significantly higher marks than the private health care industry on a leading independent survey of customer satisfaction.

The annual results from the American Customer Satisfaction Index (ACSI) also showed that overall satisfaction of patients for both inpatient and outpatient services increased last year at VA.

The new ACSI survey results showed that VA scored 84 percent in customer satisfaction for inpatient services,

up one point from the 2005 rating. The rating of 82 percent for outpatient care was two points higher than last year's mark. VA significantly outscored the private sector in both categories, by 10 points for inpatient care, and eight points for outpatient care.

Inpatient and outpatient scores on the 100-point scale also were significantly higher than the average of 71 percent for inpatient and 73 percent for outpatient services for other federal health care systems. VA also scored 94 per-

cent for "veterans loyalty" and 91 percent for customer service, each a one-point increase over those figures for 2005.

"It is very gratifying to know that our veteran patients think so highly of our care," said Dr. Michael J. Kussman, acting Under Secretary for Health. "Our goal is to provide veterans with the best possible health care, and we're doing just that."

The 2006 survey included 260 inpatients discharged in September and 260 outpatients who received care

in September. The report was produced by the National Quality Research Center at the University of Michigan Business School and the Federal Consulting Group.

The ACSI survey is the latest recognition of VA's high-quality care. Earlier this year, VA won the prestigious Innovations in American Government Award from Harvard University's Kennedy School of Government for its electronic health records system and performance measurement system. **VA**

International 'Echo Taps' Event Planned for Armed Forces Day

Hundreds of volunteer brass players are being recruited to perform the 24 notes of taps on May 19 in recognition of Armed Forces Day at national cemeteries, state veterans cemeteries and American Battle Monuments Commission cemeteries overseas.

The event, called "Echo Taps Worldwide," is being organized by the National Cemetery Administration and Bugles Across America to honor and remember American veterans through a worldwide performance of taps. Organizers also hope the event will interest brass players in volunteering to perform taps at the military funerals of veterans throughout the year.

"Each day, America loses about 1,800 of its veterans, primarily those who fought in World War II and Korea," said Leslie Hampton, a Navy vet-

eran of Vietnam and a member of Bugles Across America. "In honor of them and the service they provided, it is important that our nation preserves the tradition of a live bugler to play final military honors."

During the event, players will form a line through the cemetery and perform a cascading version of taps. Brass players of all ages are encouraged to perform at the cemetery of their choice. Schools and other organizations are also invited to participate in the tribute as performers or support volunteers. More information and a sign-up sheet are available at www.echotaps.org.

The first large Echo Taps event occurred in May 2005, when 674 brass players from 30 states lined 42 miles of road between Woodlawn Na-

tional Cemetery in Elmira, N.Y., and Bath National Cemetery in Bath, N.Y. Playing taps in cascade, it took nearly three hours from the first note played at Woodlawn to the final note sounded at the national cemetery at Bath.

In 2006, players performed Echo Taps at 52 national cemeteries and state veterans cemeteries across the nation on Veterans Day in preparation for the upcoming effort. The Armed Forces Day event will involve buglers around the world.

"A live bugler performing taps is an expression of the nation's appreciation for the service of each veteran," said Thomas Day, a Marine vet-

eran who founded Bugles Across America in 2000. "With more than 600,000 veterans dying each year, we are always looking for new volunteers to perform this valuable service."



"Echo Taps Worldwide will honor America's 40 million veterans who have served over the course of our history and draw attention to the need for more buglers to perform taps as part of final military honors." **VA**

In Memoriam: Long-Serving Headquarters Employee Vi Hunter



Hunter

One of VA's longest-serving employees died in Washington, D.C., on Jan. 6. Vila L. Hunter was 82.

Known to her colleagues as "Vi," Hunter had a long and distinguished 63-year career in the federal govern-

ment—58 of them with VA. She worked in the Office of Human Resources Management in VA Central Office as team leader for the Personnel Reports Section in the Human Resource Information Service.

She was widely known as the agency expert on human resources reports. Colleagues recalled that she possessed a remarkable talent for statistical analysis, and could identify the smallest of discrepancies in any report.

Her professional longevity and history as one of the so-called "government girls" who streamed into the nation's capital to work during World War II made her the natural choice to grace the cover of the March/April 2003 issue of *VAnguard* for its "Women in

VA" feature.

Hunter was a teenager when she arrived in Washington from her home state of Wisconsin. Shortly after she graduated from high school, her school principal came out to the family's dairy farm to suggest that she take the Civil Service Exam. "He sat down with my parents and myself and said, 'They need a lot of girls in D.C. to work,'" she recalled in the *VAnguard* article about her.

After a brief stint working at a war production plant in Chicago, Hunter received a telegram from Washington in August 1942 requesting that she report for duty as a junior clerk-typist at the War Production Board. She recalled the air raid drills, blackouts

and searchlights crisscrossing the sky that characterized life in Washington during the war years.

In 1947, she got the pink slip that so many government girls got after the war, and returned home to Wisconsin. Six months later, she got another telegram asking her to report back to D.C. to work for the Veterans Administration.

Hunter began working for VA's Department of Insurance in February 1948. She found the work—which involved the sequencing of servicemen's records—"very dull," but it wasn't long before she discovered her niche in statistical work.

Survivors include three brothers and five sisters. **VA**

VA, Defense Department to Pursue Joint Electronic Health Record

VA and the Department of Defense have agreed to make joint inpatient electronic health records a reality—a move that will transform the way both departments deliver health care and that can be a model for the health care industry nationwide.

“This groundbreaking agreement will help us provide better care to veterans and to members of the armed forces, all of whom have earned the right to world-class health care,” said VA Secretary Jim Nicholson.

Both VA and DoD believe that a joint system will make inpatient medical records instantly accessible to clinicians in both departments. VA clinicians will have immediate access to their patients’ military health records, allowing doctors and others to make faster and better treatment decisions.

“DoD and VA manage two of the largest health care systems in the world,” said Dr. William Winkenwerder Jr., Assistant Secretary of Defense for Health Affairs. “By work-

ing together, we can share medical data sooner and more seamlessly than we could on our separate paths.”

In recent years, the two departments have developed a string of pioneering initiatives to improve the way they care for men and women transitioning from military to civilian life. VA’s current electronic health records system, known as VistA, received the prestigious Innovations in American Government Award from Harvard University’s Kennedy School of Govern-

ment in 2006.

In testimony Jan. 23 before the Senate Veterans’ Affairs Committee, VA Deputy Secretary Gordon H. Mansfield said, “Our two departments understand that we are responsible for the same people, only at different times in their lives. Our greatest challenge, and our greatest opportunity, is to build systems that meet the needs of veterans and DoD beneficiaries for today and tomorrow. We will continue to persevere toward that goal.” **VA**



PRISCILLA KATES

Supporting the Veterans History Project

Secretary Jim Nicholson, left, accepts a copy of *Forever a Soldier* from the Librarian of Congress James H. Billington at VA Central Office. Billington thanked the Secretary for VA’s support of the Library of Congress Veterans History Project in collecting the personal remembrances of America’s veterans and said that the Library was sending a copy of the book highlighting those wartime narratives to each VA medical center. Since created by an act of Congress in 2000, the Veterans History Project of the American Folklife Center at the Library of Congress has collected 45,000 personal accounts of veterans—the largest oral history collection in the country. “This would not have been possible without the support of the VA,” Billington told the Secretary.

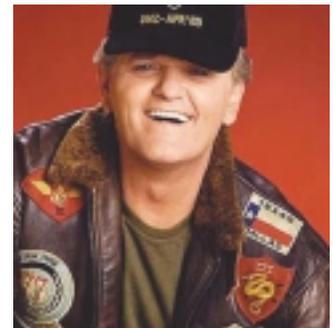
Country Singer-Songwriter Reed Named to Lead National Salute

Country singer-songwriter Jerry Reed is chairman of VA’s 2007 National Salute to Hospitalized Veterans.

He will lead the department’s annual patient recognition program inviting the public to visit and honor hospitalized veterans during National Salute Week, Feb. 11-17, and serve as national spokesperson for more than 140,000 volunteers serving veterans at VA facilities across the nation.

Known to fans as the “Guitar Man,” Reed is one of the most recognizable performers in the industry. His career highlights include a series of Top 20 and Top 40 hits, as well as memorable movie and television roles.

Born Jerry Reed Hubbard in Atlanta, Reed was already singing and writing songs while still in high school. By age 18, he had cut his first record and signed with publisher and producer Bill Lowery. In 1958, while at Capitol Records, Reed first



Reed

garnered attention after label mate Gene Vincent covered his song, “Crazy Legs.” Soon signed to National Recording Corporation, he recorded both as an artist and as a member of the staff band, gathering the skills that would also make him known for his jam sessions.

From 1959 to 1961, after serving in the Army, Reed moved to Nashville to continue his music career. Thanks to Brenda Lee’s 1960 cover of his song, “That’s All You Got to Do,” as well as successes like “Goodnight Irene” and

continued on page 30

Richard Williams

To most people, a piece of paper is just that. But to Veterans Law Judge Richard F. Williams, each piece of paper represents a veteran and their struggle. The stacked case files on his desk emphasize the magnitude of claims he goes through every day. Inspired by the thousands of cases he has worked on over the years, Williams decided to honor the other veterans in his life in a unique way: by painting their portraits.

Williams, a Board of Veterans' Appeals employee and Vietnam veteran, recently exhibited eight of his paintings in the lobby of VA Central Office. Each pastel portrait, accompanied by a biography written by the veteran or their family members, vividly portrays the servicemember at the time of their service.

Most notable among the paintings are those subjects who were killed in action or severely wounded. One example is Army Pvt. James F. Mulligan, whom Williams didn't know personally, but whose nephew had served in Vietnam with Williams. Williams was intrigued by Thomas Mulligan's story of his uncle, who had been drafted into World War II and killed in action in 1944 at the age of 25.

Williams obtained a photo of the young soldier at the time of his military service and began to paint him. Once completed, James Mulligan's

only surviving sibling, an 84-year-old nun, wrote the biography to accompany the painting.

Each of the portraits, representing servicemembers he has known directly or indirectly through family members or friends, can be linked back to his own time in Vietnam. In late 1969, Williams, who volunteered for service along with childhood friend Chuck Ross, was sent to the Mekong Delta region. While serving as a medical corpsman in the intensive care unit of the Mobile Army Surgical Hospital, he received word that Ross had been severely injured. Later classified as 100 percent service-disabled, Ross showed "such courage overcoming his traumatic injuries" that Williams wanted to honor him in a painting reflecting his military service.

Touched by his friend's sacrifice, Williams then began to paint other small-town veterans, honoring those who received little, if any, recognition. In particular, he focused on those veterans "no one really knew about, those who did their job quietly and those who kept a low profile."

Currently, Williams, who has worked for VA since 1980, has painted 12 portraits of servicemembers, including three VA employees: Paul M. Weiss, Charles F. Chavis Jr., and Stan Gasiorek (retired). One additional painting, still



ROBERT TURTEL

untitled, depicts a generalized group of disabled veterans. Each member of the group represents the different eras of war, branches of military service, ethnicities/races, genders, and disabilities including blindness, loss of a limb, paralysis and others. Last year, Williams' painting was photographed and used as the cover of BVA's 75th Anniversary Financial Report.

A native of Buffalo, N.Y., Williams began drawing while in his late teens and early twenties. A trained painter at the Corcoran School of Art, he went back to painting 15 years ago after taking a break while raising his family. Mostly an oil and pastel painter, Williams and his wife, a sculpture artist, often exhibit their work together and they currently have several small paintings on display at the Women's Memorial at Arlington National Cemetery. Seven of his paintings are also part of the permanent collection of



Richard Williams and one of his subjects, Alvin A. Sabulsky.

the National Vietnam Veterans Art Museum in Chicago.

After their VACO debut, the paintings were sent to the Veterans Museum at the New York Regional Office. They will be on display there until April 17, after which they will be given to the servicemembers or their surviving family members to keep. **VA**

By Amanda Hester

Reed (cont.)

"Hully Gully Guitar," he caught the attention of Chet Atkins, who became a frequent producer and collaborator on many of Reed's later albums.

His biggest chart-topper, "When You're Hot, You're

Hot," was the title track of his first solo album in 1971. A year later, "Lord, Mr. Ford," became his second number one single.

In the mid-1970s, while still recording music, Reed's career turned to movies, star-

ring alongside pal Burt Reynolds. The pair worked on a number of films, most notably the three "Smokey and the Bandit" movies, which also landed Reed a number two hit with "East Bound and Down."

In the 1980s, Reed's career was revitalized by the hits "She Got the Goldmine (I Got the Shaft)," "I'm A Slave" and "The Bird," which peaked at number two. His latest album, "Let's Git It On," was released in 2006. **VA**

Robot-Assisted Stroke Therapy to Be Tested at Four VA Medical Centers

Therapy that uses robots to help chronic stroke patients move their affected upper limbs will be compared with intensive non-robotic therapy in a new VA clinical trial involving 158 veterans at the West Haven, Conn., Seattle, Gainesville, Fla., and Baltimore VA medical centers. The trial, which kicked off in September, is the first to be funded jointly by VA's Rehabilitation Research and Development Service and its Cooperative Studies Program. The chairperson is Albert Lo, M.D., Ph.D., a staff neurologist with the VA Connecticut Healthcare System in West Haven.

The study will feature a robot called the MIT-Manus, developed at the Massachusetts Institute of Technology. Patients sit at a table with their affected arm attached to the robot. They follow prompts on the screen—or instructions from a therapist—and try to perform a task with their arm. The robot senses their movements and helps them as needed.

The goal is to help restore motor function. In previous research with the robots, patients produced “short, fragmentary movements” that over time became longer and smoother, said George Wittenberg, M.D., Ph.D., principal investigator for the Baltimore site. In one study, patients in the robot-assisted group improved twice as

much as those in the usual-care group.

The therapy relies on neuroplasticity—the ability of the adult brain to “rewire” itself. When neurons die because of a stroke, other brain cells—promoted by assisted body movements—apparently begin compensating for the lost function. Researchers have been working to identify the best therapies to exploit this phenomenon, and find out how long after a stroke it remains active. — *VA Research Currents*



Dr. Albert Lo, a staff neurologist with the VA Connecticut Healthcare System, is leading a study involving the use of robots to help stroke victims.

PAMELA REDMOND

VA Panel Begins Groundbreaking Review of Genomic Research

VA has begun a genomic records project that will link patient genetic information with medical histories stored in its electronic health record system.

The goal is to correlate genetic information with patient health and explore how and what genetic variations might make people more susceptible to various diseases. The project could also un-

cover how genes and the environment interact. People with certain genetic variants, for example, are already known to be more susceptible to depression, but only if exposed to emotional trauma.

VA's vaunted electronic health record system makes this ambitious project possible.

In July, acting VA Under Secretary for Health Dr. Michael J. Kussman told legislators that the project could specifically help veterans by uncovering those susceptible

to advise the department on emerging issues in genomic medicine in October, Secretary Jim Nicholson said, “Genomic medicine—using our growing knowledge of human genes to treat and even prevent health care problems—will be a key medical tool in the 21st century. And VA, once again, will be in the forefront of this health care advancement.” He noted that genetic research is a high priority for the White House Office of Science and Technology Policy as well as the National

Institutes of Health.

“Our goal,” said Kussman, “is to discover how our genes and the environment impact our personal health in order to deliver customized health care to each veteran. Research will uncover ways to prevent disease, improve treatments and assist veterans and their health-care providers in choosing the best therapies.”

Privacy concerns are being addressed as the project unfolds. The American

Health Information Community, a group of government and business leaders established by President Bush and chaired by Health and Human Services Secretary Mike Leavitt, has hosted discussions on the need for policies that govern how genetic information should be stored in patients' electronic health records but has not yet drafted any firm policies. VA's work will aid in the development of privacy protection practices and policies. **VA**

to PTSD or certain kinds of chemical attacks. Veterans' genetic information will be stored only with their consent. VA rolled out a pilot project late last year and now plans to expand it. The current system is capable of banking samples from 100,000 patients and has already collected specimens from 30,000.

At the first meeting of a committee of internationally recognized scientists and veterans' advocates established to

Health Information Community, a group of government and business leaders established by President Bush and chaired by Health and Human Services Secretary Mike Leavitt, has hosted discussions on the need for policies that govern how genetic information should be stored in patients' electronic health records but has not yet drafted any firm policies. VA's work will aid in the development of privacy protection practices and policies. **VA**



Dr. DeBakey is congratulated at the ceremony by Dr. Kimberly A. Arlinghaus, Mental Health Care Line deputy executive.

DeBakey portrait unveiling

A portrait of Dr. Michael E. DeBakey receiving the Legion of Merit award from the Army was unveiled during a special ceremony on Nov. 17 in the main lobby of the VA medical center that bears his name in Houston. The Texas Medical Center commissioned world-renowned American artist Aaron Shikler, known for his portraits of American statesmen, to paint it.

With the U.S. Surgeon General's office, DeBakey developed the Mobile Army Surgical Hospital (M.A.S.H.) unit for treating battlefield casualties during World War II, significantly reducing the fatality rate for the wounded. He later helped establish the specialized medical and surgical center system for treating military personnel returning from war, subsequently the Veterans Health Administration. Through his work with the Hoover Commission, DeBakey was instrumental in the conversion of the old Houston Navy Hospital to the Veterans Administration Hospital on April 15, 1949. DeBakey served as chief surgeon of the Houston Veterans Administration Hospital.

Connecting Tampa patients with the Internet

Caffeine fiends can now obtain their morning jolt of java while surfing the Internet at **Café.Va.gov** in the Spinal Cord Injury Center at the **James A. Haley Veterans' Hospital** in Tampa. Patients and their family members can find the café open for food service business Monday through Friday, from 9:30-11:30 a.m.; Tuesdays from 5-7 p.m.; and Saturday and Sunday from 11 a.m.-3 p.m.

The menu features flavored coffees and cappuccinos, smoothies, milkshakes, hot cocoa, popcorn, hot dogs and other treats—all at no cost to patients and their families. The café is modeled after a commercial coffee shop and is designed to be a place of rest, relaxation and entertainment for recuperating veterans in a non-hospital environment. A bank of donated computers is available to help patients and their families connect

with loved ones via e-mail. The café will always be open for patients to access the Internet, not just during food service hours.

New My HealthVet e-library in Bedford

The Veterans Computer Lab at the **Edith Nourse Rogers Memorial Veterans Hospital** in **Bedford, Mass.**, recently opened the first **My HealthVet e-library** under the supervision of James Magiera, My HealthVet point of contact. This all-electronic library allows veterans, their family members and employees to access the Internet, view DVDs on two combination DVD/VCR/TVs, and listen to CDs on a stereo entertainment center.

Electronic plug and play books are available for the visually impaired. There are two computers with laser jet printers for fast downloads and printing capability. A shredder is available for proper disposal of secure information. Staff members at the Veterans Computer Lab are available to assist veterans with In-Person Authentication (IPA) requirements to access their Personal Health Record (PHR).

Helping returning Guard troops



Carol Sonnen, OIF/OEF point of contact and case manager, and Tim Virgilio, alternate OIF/OEF point of contact and case manager, of the Lebanon, Pa., VA Medical Center, at Operation Salute.

The Pennsylvania National Guard hosted Operation Salute last fall in State College, Pa. The event was designed as a "welcome home" celebration to honor members of the state's Army and Air National Guard who have deployed since Sept. 11, 2001, in support of the Global War on Terrorism. Guard member families were also among the attendees, which numbered nearly 20,000. A welcome center was set up to provide Guard members with information about veterans' benefits and services available to them. Twenty-nine employees from the VA Stars & Stripes Healthcare Network (VISN 4) medical centers and home office were active participants at this welcome center. VISN 4 representatives included OIF/OEF points of contact, eligibility and enrollment experts, and women veterans program staff.

Breaking ground in Maryland



JORDAN DENNER

Officials break ground on the Bayside at Fort Howard project: (left to right) John Infantino, CEO, Federal Development; Dr. James Nocks, director, VA Capitol Health Care Network (VISN 5); VA Secretary Jim Nicholson; Sen. Barbara Mikulski (D-Md.); Cong. C.A. "Dutch" Ruppersberger (D-Md.); Dennis Smith, director, VA Maryland Health Care System; and Jesse Chambers, VA Voluntary Service representative, American Legion.

A formal groundbreaking ceremony for Bayside at Fort Howard, the name of a new veteran-focused retirement community in Maryland, was held Nov. 20. The waterfront property is located 15 miles southeast of downtown Baltimore, and is the 94-acre home of the former Fort Howard VA Medical Center, which originally opened in 1943. The first phase of the retirement community is scheduled to be completed in approximately five years, with various housing types opening for occupancy when they become available. Veterans and their spouses will receive discounts and priority placements on residences in the new community, and a new VA outpatient clinic will open on the grounds.

Bayside at Fort Howard is the first community of its kind in the nation, the result of a unique collaboration between VA and a private developer. Inpatient care services were moved from the Fort Howard VAMC to more modern and convenient facilities at the Baltimore VA Rehabilitation & Extended Care Center and the Perry Point, Md., VA Medical Center in 2002. VA officials signed a long-term lease with Fort Howard Senior Housing Associates for the development as a way of preserving the historical significance of the campus and continuing its long tradition of serving veterans.

Eagle Scout beautification projects at cemeteries

Two Boy Scouts completed their Eagle Rank recently through beautification projects at two VA national cemeteries. In October, Matthew Freedman of Troop 152 worked with staff members at **Quantico National Cemetery in Virginia** to identify a project that would benefit the cemetery. He replaced an unsightly bare area with an attractive garden near the entrance

gate. In November, Andrew Klemash and other members of Eagle Scout Troop 1369 worked with staff members at the **National Cemetery of the Alleghenies in Pennsylvania** to identify a project that would benefit that cemetery. He installed paving stones to form a sidewalk around the perimeter of the existing family cemetery at the national cemetery.

The Eagle Rank is the highest rank in scouting. Less than 5 percent of all Boy Scouts attain the rank. In addition to advancing through the other ranks of scouting and obtaining 21 merit badges, the Boy Scout must plan, organize, lead and execute a project that benefits a community organization. Community involvement is very important to the operation of VA's national cemeteries. Dedication ceremonies are planned to recognize Freedman, Klemash and other volunteers for their efforts. **VA**



TONY CABALLERO

Dr. Robert E. Lynch, director, South Central VA Health Care Network (VISN 16), presents a framed picture of the medical center with its new name to Jack C. Montgomery's widow, Joyce.

Renaming ceremony in Muskogee

A ceremony was held Nov. 30 at the Muskogee Civic Center arena in Oklahoma to rename the Muskogee VA Medical Center the Jack C. Montgomery VA Medical Center. The late Montgomery was one of only five Native Americans to receive the Medal of Honor. It is the first VA facility named for a Native American. Part Cherokee, the native Oklahoman served as a first lieutenant in the Army's 45th Infantry Division. On Feb. 22, 1944, Montgomery single-handedly attacked three enemy positions that threatened the rifle platoons under his command in Italy. His action resulted in 11 enemy deaths and the capture of 32 prisoners. He was seriously wounded later that night while supporting a unit fighting nearby. His actions earned him the Medal of Honor.

After his release from the Army following the war, Montgomery had a long career as a VA employee at the Muskogee hospital. Following his retirement, he served as a volunteer at the medical center until his 2002 death.

Leadership honors from LVAAA



Janet Coleman, left, development coordinator for the Office of Regulation Policy and Management in VA Central Office, and Charles Holmes, below, supervisory nursing assistant at the Clement J. Zablocki VA Medical Center in Milwaukee, are winners of the Leadership VA Alumni Association Exemplary Service Awards. The awards are presented to individuals who have demonstrated leadership potential, made unique, new or original contributions to the organization, and who have enhanced VA's public image. They received a crystal award and \$500.



Coleman (GS 9-12 category) was the project manager for the design and implementation of the interagency electronic

Federal Document Management System. She volunteers with the United Service Organizations at Fort Meade, Md., where she helps create care packages for troops stationed overseas. Holmes (GS 1-8 category) cross-trained employees on the newly consolidated Escorts and Lift teams, which has resulted in improving the team's response rate from 75 to 98 percent. As assistant pastor at the Rosehill Missionary Baptist Church in Milwaukee, Holmes performs baptisms, funerals, weddings and spiritual counseling in addition to communicating the many benefits VA has to offer to his fellow veterans.

Denis Moore, chief of Audiology & Speech Pathology Service at the **Jesse Brown VA Medical Center** in Chicago, is the recipient of the 2006 Outstanding Clinical Education Award from the Illinois Academy of Audiology (IAA). The IAA includes more than 400 members throughout the state of Illinois. Moore

was cited for his "commitment to providing high-quality clinical education and vision for tomorrow's professionals." He was especially pleased to learn that some of his former students had nominated him for the award. "A major part of VA's mission is the education of health professionals," Moore said. "I tell my staff

that our positions give us the perfect opportunity to be stewards of our profession. It's an honor that some of our students thought so highly of the training they received at this medical center that they nominated me for the award."

VA rehabilitation nurse and nurse scientist **Patricia Quigley, Ph.D.**, received the 2006 Health Care Hero award recently from the *Tampa Bay Business Journal*. Quigley is the deputy director of the Patient Safety Center at the **James A. Haley Veterans' Hospital** in Tampa. She was the winner in the Medical Professional, Non-Physician award cat-

egory. Quigley was also inducted into the American Academy of Nursing as one of the new 2006 Fellows on Nov. 11. Of the nation's nearly 3 million registered nurses, only 1,500 are members of the academy. Quigley has spent 31 years in nursing and is nationally recognized for her leadership and expertise in falls research and research translation. A pioneer in falls research, she has been involved in more than 25 funded research projects. "To be a nurse is a gift," said Quigley. "I give thanks every day for being a nurse and loving what I do." VA

Paul B. Magnuson Award recipient

Dr. Leslie Gonzalez-Rothi, below, program director of the Brain Rehabilitation Research Center at the Malcom Randall VA Medical Center in Gainesville, Fla., received the Paul B. Magnuson Award for outstanding achievement in rehabilitation research. The award was presented on Oct. 23 during a ceremony conducted in Portland, Ore. It is presented annually to a VA Rehabilitation Research and Development investigator who exemplifies the entrepreneurship, humanitarianism and dedication to veterans displayed by Dr. Magnuson during his career.

Gonzalez-Rothi and her center's team of biomedical engineers, neurologists, therapists and psychologists have been credited with helping to show that patients who have had a stroke or other neurological injury can continue to benefit from treatment for longer periods than were previously thought possible. The award was established in 1998 and is the highest honor for VA rehabilitation investigators. Gonzalez-Rothi is the first woman to receive this award, which consists of a one-time award of \$5,000 with \$50,000 for up to 3 years to supplement ongoing peer-reviewed research.



Employees of the **Fargo, N.D., VA Medical Center** were returning home after attending a VISN 23 Quality Conference in Minneapolis when they came upon an accident involving a van and a pickup truck. The pickup was straddling the median, while the van had driven through a roadside ditch and was resting against a fence. The employees pulled off the road to assist as necessary. Physician **Lisa Henry**, physician assistant **Judy Knudson**, registered nurse **Jami Petry**, administrative officer **Theresa McMaines**, and associate director for administration **Rosalyn Cole** quickly assessed the situation and provided medical assistance until emergency personnel arrived on the scene. They provided all available information on the accident and the victims to the

EMS crew.

Altoona, Pa., VA Medical Center staffers **Arlene Marlin**, a licensed practical nurse, **Claudia Paul**, a registered nurse, and **Cynthia Gonsman**, a registered nurse, came to the aid of victims of an overturned truck. The women called 911 while another passerby pulled two men out of the wreckage. The VA nurses then assessed the victims' injuries, immobilized their spines and monitored their vital signs, while calmly reassuring the men until help arrived. When the EMTs arrived, the nurses helped get the men into the ambulance. Both are recovering.

Barbara Morgan, a registered nurse with the **Bonham, Texas, VA Medical Center**, and her husband were returning home when she saw an 18-wheeler swerve to avoid an

Parking lot rescue in Tennessee

Mountain Home, Tenn., VA Medical Center police sergeant **Larry S. Norwood** responded to a radio call involving an unconscious man who had passed out in the medical center parking lot. The victim's wife informed Norwood of the man's diabetes and heart condition. Norwood began CPR and continued as an EMS crew arrived on the scene. By the time the victim was transported to the ER, his condition had improved significantly, and Norwood was credited with saving the man's life.



Norwood

Saving a life in the hallway

Maria Fasano, a vocational rehabilitation specialist with the **VA Pittsburgh Healthcare System**, was walking down a hall when she noticed IT worker and patient **Michael Schaffner** drooling, his face beet red. She asked him if something was wrong, but he couldn't speak and was grasping at his throat. She immediately began performing abdominal thrusts until a nearby nurse alerted her that the obstruction, a piece of hot dog, had been expelled. Fasano sat with him as he regained his composure, and made several follow-up phone calls throughout the day to check on his condition.



Maria Fasano with the man she saved, Michael Schaffner.

SUV driving on the wrong side of the road. The SUV then hit a pickup that had been traveling directly behind the 18-wheeler head on. The SUV's driver was thrown through the windshield and landed on the road in front of his vehicle, which was now engulfed in flames. Morgan and her husband pulled him to safety. Morgan then crawled into the bed of the pickup and maintained the airway of one of the passengers until the EMS crew arrived. She then helped pry open the door of the pickup to remove the three occupants. Two of the crash victims died from their injuries, but the third, who was three months pregnant, was treated and released.

Police at the **John J. Pershing VA Medical Center**

in **Poplar Bluff, Mo.**, were monitoring local police radio traffic when a suspected burglary was reported at a nearby business. VA officer **Charles Harris** began patrolling near the area of the reported incident. Harris noticed a security light come on at a residence near the incident, just off VA property. He reported his observations and kept updating the location of a suspect to local authorities, who apprehended him as he hid near another residence. Coincidentally, Harris' son, an officer with the Poplar Bluff City Police Department, was the arresting officer. Harris' alertness, honed over 35 years of VA service, was instrumental in the arrest of a serial burglary suspect who had plagued the city with multiple burglaries and home invasions for months. **VA**



Wreaths Across America

Lyn and Terry Flynn, visiting Arlington National Cemetery from Connecticut, admire some of the 5,000 holiday wreaths placed on graves at the cemetery in December. The evergreen wreaths with red bows have been made and donated to the cemetery for the past 15 years by the Worcester Wreath Company of Harrington, Maine, and placed on the graves by volunteers. This year, for the first time, the company expanded the program, distributing wreaths to nearly 200 VA national cemeteries and state veterans cemeteries nationwide.