

VAanguard

U.S. Department of Veterans Affairs

May/June 2007



Improving Patient Safety
A Hero for Stroke Victims
High-Tech Therapy for War Trauma
124th VA National Cemetery



12



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Vanguard

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On the cover

Investigators at the James A. Haley Veterans' Hospital's Patient Safety Center used a car crash test dummy as their subject in a recently completed preliminary study on falls. They are hoping to learn more about the human body's reaction to a serious fall and how new and emerging technologies may prevent serious injuries to those at risk for falls. Left to right: Brian Schulz, Ph.D., a biomedical engineer; John Lloyd, Ph.D., an ergonomist and director of research labs; and Shawn Applegarth, a mechanical engineer.
photo by Ebby Talebi

Volunteers to Employees

I wanted to thank you for the article “From Volunteers to Employees” (March/April issue). It brought back a lot of memories for me. I have been

a registered nurse in VA hospitals for 20 years. I started over 38 years ago as a volunteer at the VA hospital in my hometown. I later married and my husband enlisted in the Air

Force, so I moved and transferred through the VA system nationwide in Nursing Service. I’m back in my hometown now, and service to veterans has been my aim for

many years. Volunteers are the best, in my opinion.

*Phyllis Rash
Registered Nurse
James H. Quillen VA Medical Center
Mountain Home, Tenn.*



Former Senator Bob Dole, center, and University of Miami President Donna Shalala, far right, co-chairs of the Presidential Commission on Care for America’s Returning Wounded Warriors, met with the leadership team of the Miami VA Healthcare System, including (left to right) Ginger Ward-Presson, associate director, nursing care; Dr. John Vara, chief of staff; and Stephen Lucas, director, at the Miami VA Medical Center on March 26.

Presidential Commission Co-Chairs Visit Miami

Former Senator Bob Dole and University of Miami President Donna Shalala, co-chairs of the Presidential Commission on Care for America’s Returning Wounded Warriors, visited the Miami VA Medical Center on March 26. Though not a “formal” visit by the commission, which held its first meeting in Washington, D.C., on April 13, Dole and Shalala met with a group of Iraq and Afghanistan veterans. They had candid discussions with the veterans about their experiences receiving health care and other services both while still on active duty and as they transitioned to the VA system. The co-chairs also spoke extensively with the Miami VA Healthcare System’s leadership team to learn about their seamless transition program.

President Bush established the commission on March 6 to conduct a comprehensive review of military medical care at Defense Department and VA hospitals and outpatient facilities. The President asked the members to recommend ways to improve the transition from deployment to other military service or civilian life; ensure high-quality services for wounded troops; and increase their access to benefits and services. Commission members will visit military and VA facilities nationwide and will hold hearings to listen firsthand to servicemembers and veterans regarding the treatment they are receiving. A report with the commission’s recommendations is due to the President by June 30.

Kudos on the Quality of the Last Issue

I wish to take this opportunity to commend you. Although *Vanguard* is generally very good, I am inclined to say that the content and format of the March/April edition made a more dramatic statement. I was enthralled by the layout, content, graphics, color photographs, articles and general presentation to the reading public. Simply put, it was interesting, colorful and downright good. Continue to march.

*Gerald K. Fields
Worker’s Compensation Specialist
VA Medical Center
Dayton, Ohio*

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.



We Must Not Let Our Returning Combat Veterans Down

Jim Nicholson
Secretary of Veterans Affairs

Our returning combat veterans should not have to fight bureaucratic red tape for care and benefits earned by their courageous service. That's why President Bush created the Interagency Task Force on Returning Global War on Terror Heroes. He put me in charge and gave us 45 days to come up with specific ways to get our federal government to work better together to serve our veterans.

The President wanted results, and that's what he and our combat veterans are going to get. I submitted our report to the President and personally briefed him in the Oval Office. We are now in the process of implementing these recommendations designed to speed up benefits delivery, provide better information, and streamline administration of benefits and care for our combat veterans.

President Bush appointed the Task Force in the wake of reports of poor treatment of injured soldiers at the Army's Walter Reed Medical Center in Washington, D.C. He directed the Task Force to move beyond military health care and review all federal benefits and programs bearing on our veterans' support and care. The President wants changes implemented quickly to improve veterans' access to services and programs. Simply put, our mission was to look at and cut the red tape.

The Task Force brought together top officials from the departments of Defense, Veterans Affairs, Labor, Health and Human Services, Housing

and Urban Development and Education, as well as the Office of Management and Budget, the Small Business Administration, and the Office of Personnel Management.

We developed 25 recommendations designed to improve delivery of federal services to military men and women returning home to the United States after fighting the Global War on Terror (GWOT). Our review identified the federal services currently being provided and identified gaps in such services. The Task Force recommendations are designed to

close these gaps.

Recommendations include:

- VA and the Department of Defense have to work more closely together to integrate both benefits and care for these veterans.

- VA and DoD must develop a joint process of assigning disability ratings that can be used to determine fitness for military retention, level of disability for retirement, and VA disability compensation. The Task Force also calls on VA and DoD to develop a system of co-management and case management that promotes continuity of care for injured GWOT servicemembers as they move from one health care system to another.

- Another recommendation is to screen all GWOT veter-

ans in VA health care facilities for signs of Traumatic Brain Injury (TBI). With many servicemembers serving on multiple rotations to Iraq and Afghanistan, exposure to Improvised Explosive Device (IED) incidents increases. TBI is the signature injury for GWOT veterans and we need to identify this injury as early as possible so that we can begin treatment. VA and DoD will also be responsible for creating a TBI database to track patients who have experienced this injury.

In line with Task Force recommendations, I have also

to come together to successfully implement these recommendations at VA. I expect everyone to demonstrate a cooperative spirit as we work with other federal agencies. This is a presidential priority and it is our priority at VA; most of all, it is the right thing to do.


A second priority is to work with the new VA Advisory Committee on OIF/OEF Veterans and Families that I established. The committee will advise me on ways to improve programs serving veterans of OIF and OEF and their families. Committee members

Our returning combat veterans should not have to fight bureaucratic red tape for care and benefits earned by their courageous service.

pledged to reduce the average time it takes for VA to adjudicate veterans' claims for benefits. Today, it takes an average of 177 days from the time a veteran files a claim for benefits until the time he receives his or her first benefit check. I think we all agree this is still too long. New hires we are making this year will help us cut the average to 145 days. I have directed our claims examiners to accelerate the processing of claims submitted by GWOT veterans by giving them priority. Many of these young veterans and their families have immediate needs and should be compensated quickly.

We at VA have a lot to do, but we have a lot of help. I am counting on the 235,000 employees in this organization

include OIF/OEF veterans, family members, veterans service organization leaders, and corporate leaders. The committee will report directly to me. I met with the committee at its first organizational meeting in May and look forward to hearing their recommendations and listening to their honest and open feedback.

If you are interested in reading the full report submitted by the Task Force, you can access it at www.va.gov. 

Want to know more?
Read the full report of the Interagency Task Force on Returning Global War on Terror Heroes on the VA Web site at www.va.gov.



In VA Research, the Focus is on Veterans

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

Under Secretary for Health Dr. Michael Kussman has referred to the care of veterans as VA's "Job Number One." That's an important guiding principle for the Office of Research and Development. As we mark our accomplishments in connection with VA Research Week (May 13-19), we are mindful that our research exists mainly in support of patient care; our studies must benefit the health of veterans, either in the short or long term.

Looking back at our accomplishments over the past year, we see clear examples of how we are fulfilling this mandate. Our researchers:

- demonstrated the effectiveness of "prolonged exposure therapy" for post-traumatic stress disorder (PTSD);
- showed that a generic drug already used by millions of Americans for high blood pressure and prostate problems could ease PTSD nightmares and improve sleep;
- found that adding angioplasty and stenting to optimal medical therapy did little to improve outcomes for patients with stable coronary artery disease;
- contributed to new federal guidelines on HIV screening;
- conducted prosthetics workshops to teach VA clinicians about tailoring the latest technology to their patients' needs.

Along with these efforts—and hundreds of other VA clinical or rehabilitation trials and health-services studies now in progress—our scientists conduct lab research to

discover new knowledge about diseases that affect veterans. Here too, our investigators have many recent accomplishments of note. For instance, the work of Dr. Karen Ashe at the Minneapolis VA figured prominently in a list of top Alzheimer's advances compiled by the journal *Nature Medicine*. And Dr. Mary Eaton, a neurobiologist in Miami, was named Eminent Scientist of the Year by the International Research Promotion Council for her work on cell therapy to treat chronic pain in spinal cord injury.

These types of biomedical studies may take longer to impact clinical practice, but they are vital in our quest to improve veterans' health. Often, it is research from VA labs that leads to clinical trials involving veterans. A case in point is a trial testing a possible treatment for ALS, or Lou Gehrig's

disease. Preliminary animal studies were conducted by the same Bedford, Mass., VA team now leading the human trial. Indeed, teamwork between "bench" and clinical researchers is a hallmark of VA research and one of the unique advantages of a research program nested within a nationwide health care system.

No task is more important to VA than ensuring the best care for those who have served in the wars in Iraq and

Afghanistan. We've enacted a comprehensive research agenda to develop new approaches to ease the physical and psychological pain of these heroes, as well as improve their access to VA care.

In 2006, we created a Polytrauma and Blast-Related Injury Quality Enhancement Research Initiative coordinating center to speed the application of research results to the care of polytrauma patients. Through this program, our investigators work closely with staff at VA's polytrauma sites, including the lead centers in Minneapolis, Richmond, Tampa and Palo Alto.

We are also engaged in research on traumatic brain injury (TBI), the "signature wound" of the current wars. Through the Defense and Veterans Brain Injury Center, our researchers are partnering with Department of Defense col-

or personalize their care—for example, by customizing drug treatment to avoid adverse reactions or optimize results.

VA already has an impressive track record in this area. Our scientists have discovered genes linked to Alzheimer's disease, schizophrenia, alcoholism and other conditions. Now, an advisory committee of veterans' advocates, ethicists, and scientific experts is helping chart the course for future research.

In addition to continuing our genetic research on diseases common to veterans, we'll be upgrading our facilities for handling and storing DNA samples—in a manner that maintains privacy and confidentiality—and create new laboratory resources. We recently announced the establishment of a new lab at the Central Arkansas Veterans Healthcare System to test for

Our research exists mainly in support of patient care; our studies must benefit the health of veterans, either in the short or long term.

leagues to study whether certain drugs can lessen TBI effects such as headaches, fatigue, sleep disorders, dizziness, mood swings and memory problems. They are also looking at better ways to evaluate mild brain injuries.

Genomic medicine is *the* direction for health care in the new millennium, and VA is positioning itself in the forefront. The term refers to the use of patients' genetic information to help diagnose or predict their risk for a disease,

genetic variations that influence how drugs are used in the body. Study results will help doctors know which drugs—at which doses—are appropriate for particular patients. Another important research question will be how to incorporate genetic information into veterans' electronic health records.

We're excited about these initiatives, and proud to work with the entire VHA community in advancing the care of veterans. **VA**



ROBERT TURTIL



An American soldier captured by the Germans during World War II marches along a road somewhere on the Western Front.

NARA

What They Still Carry With Them

VA Hudson Valley Health Care System's ex-POW sensitivity training helps employees understand the lasting effects of wartime experiences on veterans and their families.

Norm Bussel bailed out of a burning B-17 bomber on April 29, 1944. He held his parachute's ripcord and began counting to 10. When he reached 7, the plane above him exploded with some buddies still inside.

Bussel landed in a yard in Berlin, where citizens beat him with rakes. Someone ran to a garage for a rope and threw it over a tree to hang him. A passing German soldier put a stop to the summary execution. For the next year, Bussel was a prisoner of the Nazis.

"Former POWs lead lives of controlled rage," Bussel says. "This is a rage that over the years we have disciplined ourselves to suppress. But it still smolders, at constant risk of being reignited. This rage began with our capture. We raged that we were forced to submit to our enemy ... at our enemy's inhumanity ... that we

were starving ... cold ... that our wounds and illnesses went untreated, that we were constantly scratching at sores and lice. Sometimes, we even raged at God for allowing us to be captured in the first place."

Today Bussel is 83, and he will tell you that all former prisoners of war suffer from post-traumatic stress

disorder, or PTSD.

"Although we were liberated physically, when we came home, we brought all of these emotional encumbrances with us," Bussel says. "They've stayed with me for 62 years now, and they'll be with me always."

When you walk through life with emotional nerve endings raw and ex-

posed, it can be maddening to go to a business where the employees talk to customers without looking at them, treat questions as an annoyance, and make customers wait while discussing personal business among themselves. For someone who risked his or her life repeatedly for the country and who still suffers, being treated that way at a VA facility would be even more painful.

"Patients don't expect to be coddled," Bussel says. "We would be more than satisfied if we were treated with the same courtesy and respect that is shown to fellow employees. It is impossible for you to detect what is going through the mind of a person who comes to you for help, because the very thing a PTSD sufferer learns is to disguise his feelings. He may be in the throes of despair, depression or even suicidal ideation, but his face is inscrutable. The last thing you want

to do is add to his woes by being discourteous."

As Bussel concluded a speech with these words on March 21, an audience of employees at the VA Hudson Valley Health Care System in New York burst into applause. For 11 years, the VA here has held ex-POW sensitivity training to ensure that these veterans are treated with the respect they are due. But the les-

some point, it gets so hard to be that way. You just give up. You just say, 'I can't do this anymore.' It's a safety mechanism. Because if you keep doing this, your body almost can't stand it. So what does your body do? It's smart. It just shuts down. Now you've got depression. And the more depressed you get, the more lethargic you get, the more isolated you get, the more you try to get control by lessen-

"Former POWs lead lives of controlled rage. This is a rage that over the years we have disciplined ourselves to suppress. But it still smolders, at constant risk of being reignited."

sons Bussel and his fellow ex-prisoners share transcend working with their group and extend to all veterans, especially those newly returned from Iraq and Afghanistan.

On their initial visit to a vet center or medical center, today's newest veterans are unlikely to take VA up on its offer of counseling. That's the experience of Dr. Ken Reinhard, director of the Anxiety Disorders Clinic at the VA Hudson Valley HCS. But the impression new veterans get from VA employees during their first visit may determine if it is also their last visit. "I don't care if you're the clerk or the social worker or the doctor or anybody," Reinhard says, "if they meet you and you are nice and warm and inviting, they'll feel like, 'That wasn't bad.' And they're going to come back when they need to come back."

Returning from WWII in 1945, Bussel was no different from many troubled veterans of today's conflicts. Alcohol was his drug of choice to deaden the stress that lingered from his time at war. Melanie, his wife of 38 years, remembers that he worked long hours and drank every night, only adding to his problems and his depression.

"Depression is often the end product of anxiety," Reinhard explains. "You are very nervous, and at

ing stimulation. And if you do nothing for it, it just takes you down. You fall into it."

Melanie says Bussel overcame his alcohol problem 25 years ago, but getting sober did not take away his PTSD or the effect it had on his family. "Nothing can prepare a wife for the adrenaline-induced glare when you drop a knife in the kitchen," she says. "He knows you didn't do it on purpose, but the exaggerated startle response is still there."

On such occasions, Bussel often had to leave dinner and go sit in another room just to calm down. "So families tiptoe around, figuratively speaking, trying not to spark some incident," Melanie says. "They don't know what it is."

Only after socializing with the wives of other ex-POWs did Melanie come to understand her husband's behavior. "We understand that what is wrong with them isn't directed at us. We didn't cause it. It isn't our fault," she says. "Knowing this doesn't take away his depression, rage, moodiness, nightmares, flashbacks, hypersensitivity and the need to control his family, but it helps us understand these wonderful guys we married. And as we realized so many of them exhibit the same symptoms, we stopped beating ourselves up about it."

Reinhard also understands the



Norm Bussel was held prisoner by the Germans for a year during World War II. He has written a book about his experiences as a POW and his decades-long battle with PTSD after his release.



KEVIN CASEY

For 11 years, ex-prisoners of war have delivered sensitivity training to the staff of the VA Hudson Valley Health Care System. Left to right: Norman Bussel, Bill Libasci, Anthony Torrieri, Vincent Logiudice, Harvey Horne, Melanie Bussel, VA psychologist Dr. Ken Reinhard, Doc Yablonsky, Howard Harvier, Charles Johansen and VA Hudson Valley Director Michael A. Sabo.

family effects of PTSD because he grew up with a father who served in World War II and suffered from undiagnosed PTSD. Members of the Greatest Generation often eschewed psychological help, even into the 1970s and 1980s as Vietnam veterans embraced counseling and found healing.

“My dad’s generation was taught that boys don’t have feelings. Boys don’t cry,” Reinhard says. Then, as World War II veterans retired and could no longer distract themselves with the demands of work and raising a family, long-suppressed feelings resurfaced. Prompted by extensive media coverage of the 50th anniversary of the war and films like “Saving Private Ryan,” many World War II veterans began experiencing symptoms of stress. They went to their primary care doctors, who understood what was happening and referred them to counseling. Today, Reinhard leads up to 12 group therapy sessions each week at VA Hudson Valley for veterans of all eras.

“After years of not coming in, we now have guys who are 85 years old coming through snowstorms to be here for group,” Reinhard says. “And we want to offer the same thing to the men and women coming home today, so that no matter what is happening in their lives, there is a place for them at the VA where they can get their needs met, whatever those needs are.”

So far, Reinhard’s experience with veterans returning from Iraq and Afghanistan is that they can’t turn the war off in their heads. “There is no front. There is no rear. It’s happening all the time. The devices are going off. It’s not about if there will be an explosion, but when. It’s about feeling unsafe,” he says.

“And even when they come home, they can’t desensitize, because they have to be ready, because they’re going back. Only after they come back and think they are not going over there again can we really do the best work.”

“For many of the younger guys,

it’s hard to be understood,” says Benny Linneman, a social worker in VA Hudson Valley’s residential PTSD program. “Most of them just want to be understood. But first they have to be listened to and given some feedback. They need to be told, ‘I’m listening to you.’”

“This training is a perfect opportunity to learn from the POW group in preparation for the group that is coming back now,” says VA Hudson Valley HCS Director Michael Sabo. “It’s a breakthrough in terms of getting the staff to understand the effects wartime experiences have on the lives of not only the veterans but also their families.”

“I am surprised what they carry with them forever and ever and ever,” says Sharon Thomas. She’s an ambulatory care case manager for returning veterans and was moved by the training. “We can maybe open our hearts and our minds more when we are dealing with patients every day.” **VA**

By Kevin Casey

Army veteran, musician, and stroke survivor John W. Hopkins Jr.



A Musical Ambassador for Stroke Victims

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Stroke Connection magazine July/August 2005
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A health crisis may have slowed Army veteran John W. Hopkins Jr., but it didn't stop him from becoming an inspiration to others like him.

*“Wade in the water
Wade in the water,
children
Wade in the water
God’s a-going to trouble
the water”*

*- from the African
American Spiritual “Wade
in the Water”*

The waters have been troubled for John W. Hopkins Jr., for nearly a decade, but he has emerged as an ambassador for stroke survivors through the healing powers of his music.

In 1999, Hopkins was a professional pianist based in Istanbul, Turkey. He had just released his first smooth jazz CD, titled “Enough Said.” He wasn’t feeling well, so he paid a visit to his doctor. His ankles were swollen, his blood pressure was high, and his doctor advised him that he needed to be hospitalized instead of traveling to his next gig.

Against the advice of his doctor, Hopkins flew to Tokyo, where he was scheduled to perform at the Grand Hyatt Hotel. He never took the stage. At age 46, he suffered a stroke in his Tokyo hotel room.

The stroke left Hopkins in a coma for 10 days. His doctors did not expect him to live. Both of his sons—John Wesley Hopkins III and David

Alan Hopkins—flew to Japan on emergency leave from their military units to be with him. When Hopkins emerged from the coma, he was paralyzed on his right side, he had lost some of his ability to speak, and he could not walk.

The uninsured musician spent three months in a Tokyo hospital. Two close friends—Sherrill Gisler and Paul Busby—provided financial assistance to cover his medical bills and purchased airline tickets for Hopkins III to escort his father back to the United States.

Hopkins thought his days of playing the piano—something he had been doing since grade school—were gone forever.

“I lost all my desire for music in the beginning,” Hopkins said. “I think I was more interested in walking and talking and using my limbs again. I was so engrossed in that. Music was far away. There were so many other things in my life that were incomplete.”

Hopkins spent eight months in a wheelchair before learning to walk again. He could not use his right arm or right hand.

When his oldest son was transferred from Washington state to Fort Leavenworth, Kan., in 2001, Hopkins Jr. moved with him. Hopkins III encouraged him to seek treatment at the Dwight D. Eisenhower VA Medical Center in Leavenworth. Hopkins Jr. had served in the Army from 1974 to 1991, playing piano in the numbered bands while stationed overseas in Korea, Germany and Japan, and stateside while assigned to Fort Dix, N.J., Fort Stewart, Ga., and Fort Hood, Texas.

Susan Powell was assigned as Hopkins’ occupational therapist in August 2001. When he first came to see her as an outpatient, he could not move his right hand. Powell met with him for an hour at a time several times a week over the next three months.

“We started off by measuring his hand and seeing what we could do about his strength and his range of motion,” Powell said. “Little gains became bigger gains over time.”

Powell gave him some exercises to work on at home to strengthen his hand and increase his range of motion, which he executed faithfully in between his appointments at the VAMC. She pointed out that because she only works with patients for a few hours a week, it is vital that they possess the self-motivation to exercise at home in order to achieve the goals they set for themselves at the beginning of therapy.

“We don’t fix people,” Powell said. “They fix themselves.”

Hopkins said his goal was to be able to use his right hand again. Working with Powell made him realize that although he may never regain the full use of his hand, he could still learn to use it and make it functional. Powell taught him how to carry things in his right hand and how to dress himself without assistance.

“I don’t think I could have accomplished as much without her,” Hopkins said. “She drilled me on my exercises. She encouraged me to work hard.”

Fighting depression brought on by his changed circumstances, Hopkins joined the Brightsiders Support Group, a socialization and educa-

tion group for stroke survivors. The group meets quarterly in the VAMC's Occupational Therapy Clinic. Powell and speech pathologist Kathy Blanchard facilitate the group, planning programs designed to inform stroke survivors about their recovery, services available to them, and anything pertinent to making major life adjustments easier. Attending the meetings helped Hopkins overcome his depression. He said he enjoyed being around "like people with like problems" who shared common interests.

Six years passed before Hopkins started playing the piano again. A

"I lost all my desire for music in the beginning. I think I was more interested in walking and talking and using my limbs again. I was so engrossed in that. Music was far away."

chance encounter with a stranger on the streets of Leavenworth brought music back into his life. Hopkins was walking his dog, Sunny, when they ran into Pastor Theodore Lee. Lee noticed that Hopkins walked with a limp, and asked him what had happened to him. Hopkins told him his story, and Lee asked him why he had stopped playing the piano.

"He told me, 'Maybe it is time for you to start playing again,'" Hopkins said. "I realized God had something special for me to do here by leaving me here on Earth."

Hopkins started tinkering with the piano again. He borrowed the piano at the VAMC and at the Bethel AME Church, and spent about three months learning to play with one hand. He also developed a curriculum for teaching piano to senior citizens with mental and physical disabilities, including patients with Alzheimer's and fellow stroke survivors. He called it "Age & Play."

To expand his Age & Play program and pursue a more independent life, Hopkins moved to Kansas City, Kan., in October 2006. The stroke

left him unable to drive, and he thought he would have more mobility in a city with a public transportation system.

Music fills his days now. On Wednesday mornings he teaches piano to senior citizens at the Allen AME Church. On Thursday mornings he teaches piano to senior citizens at the First AME Church. On Saturday mornings he teaches classical piano to children at the Pleasantville Baptist Church.

In February, the American Stroke Foundation hired Hopkins to teach basic piano to stroke survivors in Kansas City. He teaches in the lobby

of the foundation building on Tuesday mornings. His Age & Play program teaches students how to count, how to play a scale, how to play by number, and how to read music.

Hopkins is an ambassador for stroke victims through his selection as one of a handful of "stroke heroes" currently appearing on the back of Oatmeal Crisp cereal boxes, along with their stories of survival. The American Stroke Association and General Mills formed a partnership to increase stroke awareness, particularly within groups that face the greatest risk. African Americans ages 55 and older are particularly susceptible because many suffer from high blood pressure, high cholesterol and diabetes. Hopkins is 53.

Bernice D. Thomas, a social worker at the VAMC in Leavenworth, met Hopkins in 2001 when he signed up for her smoking cessation class. He had been smoking since he was 15 years old, and her class helped him kick a 32-year habit. She continued to work with Hopkins by directing him to resources and support that would allow him to maintain his in-

dependence as a stroke survivor.

"Ms. Thomas has been a tremendous help to me," Hopkins said. "She helped me get my personal information sorted out."

Blanchard credits Hopkins with helping her achieve a breakthrough with one of her speech therapy patients. In 2005, he brought his electric piano to the Brightsiders Christmas party so the group could sing Christmas carols.

Blanchard had been working with a stroke patient for six months trying to get him to sing again since he had just won a singing competition before he suffered the stroke. Her patient could talk, but his words were unintelligible. He refused to sing in public after the stroke. Blanchard said Hopkins encouraged the patient to get up and sing while he accompanied him. The patient stood up in front of the group and sang two or three songs.

"Sometimes as a speech therapist, progress can be very slow," she said. "To see somebody make that kind of a breakthrough is so affirming."

Blanchard said Hopkins was the support group facilitator that night.

"I'm just so proud of him," Thomas said. "A lot of people have a stroke and they just give up everything. He's never given up."

Thomas said Hopkins serves as an inspiration to other stroke survivors when he plays the piano because he makes them think, "If he can do that with one hand, then I can certainly do some things myself." In her eyes, Hopkins is a "stroke hero."

Hopkins is quick to dismiss the idea that he is a "stroke hero" and says his selection as a stroke ambassador is simply an honor given to him by General Mills.

"It gives me a chance to tell my story," he said. "Now people from all over the country can read about the work I do for Age & Play. I'm not a hero. I'm just a servant of God." VA

By Renee McElveen

Sarah Miyahira, Ph.D., of the Honolulu VA, is co-principal investigator on a Defense Department grant to evaluate virtual-reality treatments for PTSD in soldiers and Marines returning from Iraq and Afghanistan.



High-Tech Therapy for War Trauma

LUCY PEMONI

A renewed push for virtual reality therapy is targeting a new population.

First there was “Virtual Vietnam,” and now there is “Middle East World.”

Researchers and clinicians have been using virtual reality to treat post-traumatic stress disorder (PTSD) since the late 1990s. David Ready, Ph.D., a VA researcher in Atlanta, was among those conducting studies involving Vietnam veterans and software that recreated the sights and sounds of Huey helicopters, mortar blasts and troops calling for help.

Now, a renewed push for virtual-reality therapy, fueled by advances in 3D multisensory technology and funded by VA, the Department of Defense and the National Institutes of Health, is targeting a new population: active-duty troops or veterans who recently returned from Iraq or Afghanistan and show symptoms of PTSD. Treating these men and women

within months of their trauma—rather than some 30 years later, as in the case of the Vietnam veterans—may make a big difference, say psychologists.

Untreated PTSD, over the years, can become “like a snowball rolling down a hill, getting bigger and bigger,” notes Ready, of the Atlanta VA Trauma Recovery Team. He says early treatment may help today’s new veterans “not develop some of the problems we see in Vietnam veterans who suffer from PTSD.”

Jeffrey Pyne, M.D., of the Little Rock VA, is helping to conduct two virtual-reality studies funded by the Office of Naval Research: one aimed at developing new software, and one focused on non-combat personnel who experienced traumas. He is also leading a VA study that will use virtual reality as part of a larger effort to

better understand brain changes linked to PTSD.

Sarah Miyahira, Ph.D., director of intramural research at the Pacific Telehealth and Technology Hui, part of the Honolulu-based VA Pacific Islands Health Care System, is co-principal investigator on a third Navy grant. Her study will involve 60 Army soldiers seeking treatment for PTSD after deployment to Iraq or Afghanistan.

Over five weeks of treatment, soldiers will be gradually exposed to increasing levels of memory-triggering stimuli, while therapists use cognitive behavioral therapy to help them change the thoughts, feelings and behaviors linked to those painful memories. Looking through a head-mounted display, the troops will see virtual-reality scenes reminiscent of their recent tours.

They will sit in a chair outfitted with a subwoofer that produces a rumbling sensation. The troops might feel like they're riding in a Humvee, or experience a jolt when an "explosion" goes off. (Some VR treatments even include smells associated with combat or other trauma environments.) Therapists press pre-set buttons on their keyboard to control whether or not an event occurs—such as gunfire or a blast. They can also modulate the intensity, such as by varying the sound level.

"We use graded exposure to the scenarios to prevent the soldier from becoming emotionally overwhelmed during treatment," says Miyahira. "We begin at the lowest level of intensity—driving through a Mideast town with no incidents. We want to get a baseline of how sensitive they are to being in an environment that reminds them of Iraq.

"Over the course of treatment, we gradually increase the intensity as the soldier's response to each level of anxiety-producing events decreases. You gauge how much the person can tolerate, and then you work through that until they're comfortable with the memory. Our goal is to help them overcome their trauma memories, not revitalize them."

Ready says today's virtual-reality treatments benefit from advances in technology over the past decade, such as superior graphics with more realistic "people" and faster refreshing rates. In the late 1990s, he said, some users would experience "simulator sickness" because of the delay between when they moved their head and when they saw something new in the environment.

Miyahira points out that while virtual-reality therapy and research borrow technology from the consumer gaming world, that's where the similarity ends.

"The VR we're using is not equivalent to playing a game. We try to emphasize that to providers and to our potential participants. They're not to expect the kind of graphics or interactivity that you get when you're playing Full Spectrum Warrior or any of the other commercial games on the market. In our case, we want the therapist to have maximum control of the environment—and not have the patient wander anywhere and trigger off anything they desire, because that's not therapeutic."

And though virtual-reality treatments rely on sophisticated computer graphics and super-fast hardware, they

are rooted in traditional exposure therapy, which itself is effective for PTSD. In this "lower-tech" form of therapy, patients must recall trauma memories without the sensory prodding provided by virtual reality. One drawback, though, is that patients typically want to avoid their traumatic memories.

"Sometimes their memories are distorted, or hard to get to," explains Miyahira. "With virtual reality, because they're presented with visual, audio and sometimes kinesthetic cues, the memory is easier for them to access." She adds that once patients connect with the virtual environment, they will "populate" it with people and objects relating to their personal experiences.

"Virtual reality gives us the opportunity to provide a compelling type of exposure therapy," adds Ready, who

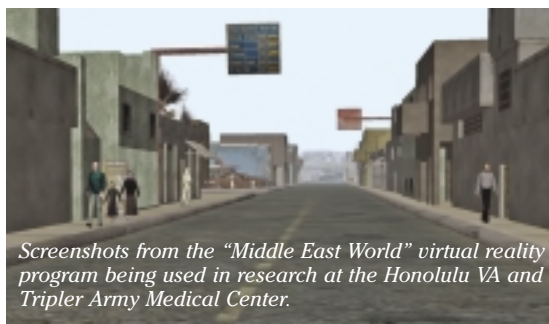
will soon be involved in a National Institute of Mental Health-funded study on using virtual reality to help Iraq veterans with PTSD.

Miyahira and her Hawaii team played a large role in developing the scenarios built into the VR software by their contractor, Imprint Interactive Technology. "The content evolved from our consultations with returning soldiers from Iraq and Afghanistan about their experiences with high-stress, high-risk events in the combat theaters, and reviews of their personal videos and photos," says Miyahira. The researchers also obtained feedback from soldiers on a rough-cut of the simulation, and are now working on new scenarios to fit troops returning from other types of missions.

Having learned lessons from the experiences of Vietnam veterans, researchers such as Miyahira and Ready want to waste no time in establishing evidence-based treatments for the new generation of American heroes.

"We may find that younger veterans who have grown up with computer technology may be more willing to participate in VR treatment," notes Ready. "We may also find that due to the compelling sense of presence that VR provides, we will need fewer sessions to reduce PTSD symptoms and can efficiently treat more veterans." He acknowledges more research will be needed to answer these questions, but asserts, "I believe the importance of VR in our arsenal of PTSD treatments will grow over time." **VA**

By Mitchell Mirkin



Screenshots from the "Middle East World" virtual reality program being used in research at the Honolulu VA and Tripler Army Medical Center.

California's New National Shrine

VA's 124th national cemetery is dedicated in the Sacramento Valley.

It was a day to honor and pay tribute to America's veterans, as nearly 2,000 veterans, family members and local citizens gathered in Dixon, Calif., on April 22 to help dedicate the Sacramento Valley VA National Cemetery. VA's 124th national cemetery was dedicated during a ceremony that included a military aircraft flyover, full military honors, and strong local support.

With American flags flying, almost 300 Patriot Guard Riders made an impressive entrance en masse on their motorcycles. On foot, they encircled the perimeter of the audience, carrying American flags that rustled in the gentle northern California breeze.

VA Under Secretary for Memorial Affairs William Tuerk, along with local elected officials, addressed the crowd.

"For VA, the opportunity to provide resting places for veterans and to maintain memorials to their service is a sacred trust," said Tuerk. "VA continues to honor a veteran's service even after death by establishing national shrines like the one that is rising here in the Sacramento Valley area. While wars begin and end, caring for the nation's veterans is a perpetual obligation."

A majestic flyover of three aircraft from Travis Air Force Base—the C-17 Spirit of Solano, a KC-10 and a C-5—mesmerized the crowd as the band played rousing patriotic music.

"Ladies and gentlemen, that's the sound of freedom," said Len Augustine, mayor of Vacaville, the emcee for the dedication ceremony.

Rep. Ellen Tauscher (D-Calif.), in whose district the national cemetery resides, was also on hand to give remarks and show her support.

Dean Moline, the cemetery's director, recognized the contributions of all who were instrumental in getting the cemetery established and dedicated. It truly took a community, he

said, with volunteers ranging from Boy Scouts to local florists, bakeries, and Honor Guard details, not to mention VA employees and volunteers from neighboring facilities and local veterans.

"We could not have celebrated the dedication of the Sacramento Valley VA National Cemetery with-



CHUCK REVELL



CHUCK REVELL



CHUCK REVELL

Left: Sacramento Valley VA National Cemetery Director Dean Moline, Rep. Ellen Tauscher, VA Under Secretary for Memorial Affairs William Tuerk and California Department of Veterans Affairs Secretary Tom Johnson (left to right) participate in unveiling the dedication plaque; top: A young Patriot Guard Rider flies the American flag and shows his support; bottom: Nearly 2,000 people turned out for the ceremony.

out all the hard work and commitment to the event and to our veterans,” said Jurita Barber, public affairs specialist with the National Cemetery Administration and key organizer of the dedication ceremony.

The event concluded with the unveiling of the dedication plaque, which read: “Dedicated to the

memory of all the patriotic men and women who answered their country’s call to service.”

After the ceremony ended, audience members had the option of taking photos with the dedication plaque, enjoying refreshments, getting more information about VA benefits and services at the outreach tent, or

visiting the gravesites of loved ones already buried there.

Among those paying respects was the Hayman family. VA bought the land for the Sacramento Valley VA National Cemetery from Alvin Hayman, owner of the then 561-acre farm known as Hayman Ranch. A proud Marine and World War II veteran, Hayman passed away five days after the land deal closed. He was the first burial at the cemetery.

“Dad thought he would have been about the 400th burial, not the first,” said son Jon Hayman. “He would have liked to have seen the ceremony today.”

The Sacramento Valley VA National Cemetery is located in Solano County, approximately 27 miles southwest of Sacramento between Dixon and Vacaville. Nearly 346,000 veterans and their families live within the local service area of the new national cemetery.

Burials began in October 2006 in an area of approximately 14 acres, which includes one committal shelter and three burial sections. That area has capacity for nearly 8,500 gravesites, consisting of pre-placed crypts, standard gravesites, and in-ground cremation gravesites. More than 900 burials have taken place since October.

Although the cemetery is open for burials, construction will continue until July 2009. When the initial 110-acre construction project is completed, the cemetery will have 17,200 full-casket gravesites, 12,000 pre-placed crypts, a 3,000-unit columbarium for cremated remains, and 765 sites for in-ground cremated remains.

Tuerk concluded his remarks by inviting everyone to revisit the cemetery. “I encourage your children and your grandchildren to come visit this cemetery in the future to see the progressing development as we continue building up this national shrine.” **VA**

By Milli Alam

'The Sacrament of the Present Moment'

Former VA administrator and nurse Phyllis Hurteau is leading an active life with Alzheimer's disease.

Former VA hospital administrator, nurse and Army veteran Phyllis Hurteau is very busy these days writing a book, publishing her poetry, appearing in a video project and leading book reading groups—an ambitious agenda for most people and an incredibly active one for someone living with Alzheimer's disease.

Hurteau, a former associate director at the Bay Pines, Fla., VA Medical Center whose VA career spanned more than 30 years, also worked as a psychiatric nurse and hospital administrator at VA facilities from New York to Arizona to Washington, D.C., to Florida. She was diagnosed with early-stage Alzheimer's in 2004.

She was living alone, battling physical complications from congestive heart failure and other heart-related problems, when she became disoriented while a friend was visiting her.

"I forgot how to dial telephones. I

couldn't use a TV remote control. I couldn't pour my own medications. I was shutting off the dishwasher in mid-cycle," Hurteau recalled.

Her friend suggested she call her lawyer, Cindy Pfeiffer, who arranged to have her tested. After her diagnosis, she was referred to Arden Courts Alzheimer's Assisted Living in Seminole, Fla., which specializes in providing care for people with Alzheimer's in a number of such facilities in Florida and throughout the country.

Once there, Hurteau had to overcome her own denial that she had the disease. Then came dealing with her anger.

"What I hated most was to look around me at my colleagues, at the insanity of it. What a waste."

To help her cope, she turned to doing the things she has always loved—teaching, reading books and writing. Hurteau wrote numerous research-based articles for publication in scholarly journals and did in-ser-

vice education programs during her VA career before retiring in 1989.

She began taking the drug Aricept and receiving therapy at Arden Courts. She began to relearn some things, including how to use a cell phone and laptop. She led a "conversation" club at the Arden Courts facility.

"It starts with a conversation warm-up, such as 'name a vegetable,'" she said. The conversation club evolved into a book club in which participants each read several pages aloud in front of the group. It also was part of a therapeutic approach she developed after she realized how important it was to keep her mind active.

"Life can change in an unexpected moment. The important thing is to be creative and stay as positive as we can with the inevitable," Hurteau said.

She was particularly impressed with *Iris*, a book about Iris Murdoch, an acclaimed British novelist who suf-

ferred from Alzheimer's. Hurteau decided to start writing her own book, based on her experiences dealing with the illness. She hopes the book will help others who have Alzheimer's, as well as their family members, better understand the disease.

Her working title: *Alzheimer's:*

“What I’ve learned is that each day, really each moment, is what’s important. What you and I are doing right now is what matters. I don’t know about the next hour.”

Living With It. She chuckles as she relates her alternate title: *Alzheimer's: It Sucks.*

Titles for some of her chapters include “What Alzheimer's Feels Like” and “What I Hate About Alzheimer's.”

Some of the things she hates: “I hate using a walker. I hate that I can't swim anymore. I hate having room check. I hate asking for toilet tissue.”

Another chapter is based on the people at her facility who also have the disease. There is a former microbiologist; there are former lawyers, architects, judges and teachers.

“It's hard to see people deteriorate to where they cannot finish a sentence, and they know it. It's just awful,” Hurteau said.

Hurteau's energy and willingness to lead came to the attention of the people who run the Arden Courts facility. They had her talk with new and prospective patients and their families. That evolved into doing presentations to community groups who visit the facilities.

Those personal appearances led to a video project for Arden Courts in which she talks on camera about her own experiences, her feelings, what it takes to keep going, and the care given at the Arden Courts facilities throughout Florida.

Pfeiffer, who has been

Hurteau's lawyer for more than 10 years, said Hurteau has blossomed and flourished again since she has come under care at Arden Courts.

“Phyllis is extremely social and always doing something,” Pfeiffer said. “Her health, which had been a roller coaster, has remained level since she

moved in to Arden. She has made the best of an awful disease.”

Her constantly active nature is the way people at VA remember her, and Hurteau recalls her career at VA with great fondness.

“It is a family, no question about it. There's lots of closeness you develop over the years.”

One of the people she became close to at VA is Patricia McKlem, director of the VA Southwest Health

Care Network (VISN 18). They met in a Leadership VA (LVA) class in the 1980s. McKlem said the two developed a strong bond over the four weeks they spent together in LVA, and have remained in touch.

“Phyllis was devoted to veterans,” McKlem said. “She was always doing a lot of different things.”


McKlem found out last year that Hurteau had Alzheimer's and could tell a difference when she spoke with her. Nonetheless, she said Phyllis still has an active mind.

“She's still Phyllis,” McKlem said. “With all that she is doing, I think she is saying, ‘You're not going to take my life away from me.’”

Another close friend from her VA family is Nevin Weaver, director of VHA Management Support Services in headquarters, who worked with Hurteau when she was associate director at the VA medical center in Syracuse, N.Y.

Weaver said Phyllis always was a person with a wealth of knowledge who offered sage advice.

“She had a quick sense of humor, a no-nonsense approach to issues, and she was committed to her staff,” Weaver said. “She was a future thinker, with succession planning and being customer-focused. Her commitment to quality was evident in all that she did and in her expectations of her staff.”

As for the future, Hurteau knows it is important to remain active, keep her brain creative. She takes things one day at a time in what she refers to as “the sacrament of the present moment: It's here and how you cope with it is up to you. What I've learned is that each day, really each moment, is what's important. What you and I are doing right now is what matters. I don't know about the next hour.” 



“Life can change in an unexpected moment,” says Hurteau. “The important thing is to be creative and stay as positive as we can with the inevitable.”

COURTESY ARDEN COURTS

By Bill Outlaw

The Tampa VA's Patient Safety Center of Inquiry, one of four in the department and the only one led by a nurse, is a place of innovation.



EBBY TALEBI

Nancy McGee-Hernandez, an occupational therapist at the James A. Haley Veterans' Hospital in Tampa, gathers data and works with Army veteran Ramon Bruce on wheelchair skills. The Tampa VA's Patient Safety Center is conducting a three-year study focusing on preventing wheelchair-related falls and injuries in veterans.

Building a Culture of Safety

Ramon Bruce is a 50-year-old Army veteran who, nearly three decades ago, suffered a permanent spinal cord injury while participating in war games at Fort Benning, Ga. In a wheelchair since age 20, he admits, "I'm afraid of falling out of my wheelchair. An injury could mean my independence, and I'm not willing to take that risk."

The fear of falling is very real among disabled and older veterans with debilitating health issues—some fear falling so much it drives them into their homes, physically inactive

and socially isolated. In fact, among older adults, falls are the leading cause of injury death, according to the Centers for Disease Control. In 2003, more than 13,700 people in this age group died from injuries related to falls.

Falls are a critical problem in hospitals, too, accounting for up to 85 percent of all adverse events.

Established in 1999 under the leadership of Nurse Scientist Audrey Nelson, Ph.D., the Patient Safety Center of Inquiry at the James A. Haley Veterans' Hospital in Tampa,

Fla., focuses on preventing mobility-related adverse events, such as falls. The Tampa VA's Safety Center, one of four in the department, is a place of innovation, housing some of VA's brightest minds and best research. It's also the only VA Safety Center of Inquiry led by a nurse.

In 2003, the Tampa VA Hospital received the first Magnet Prize Award given by the American Nurses Credentialing Center (ANCC) for nursing excellence in developing and implementing the Patient Safety Center of Inquiry. Only organizations

recognized by ANCC for achieving and sustaining Magnet status were eligible for the Magnet Prize award. In 2001, the Tampa VA Hospital became the 29th health care facility worldwide and the first VA hospital ever to achieve Magnet status. Today, fewer than 240 hospitals in the U.S. and abroad have Magnet status.

The interdisciplinary staff of 60 at the Safety Center focuses specifically on safe patient mobility—anything to do with getting patients moved around safely. The target populations studied are persons with

nology to prevent and manage pressure ulcers. This year, about \$3 million is specifically geared to a series of studies on predicting wheelchair falls in younger veterans with spinal cord injuries and older veterans in wheelchairs living in the community.

The studies, funded by VA and others, are conducted in five high-tech research laboratories that collectively represent more than \$7 million in specialized equipment ranging from sophisticated three-dimensional motion tracking cameras to instrumented mannequins, balance assessment de-

pendence of veterans with impaired mobility.

A unique aspect of the Safety Center is its success in disseminating findings throughout VA and to health care in general. Linked to the VA National Center for Patient Safety, core investigators develop and test clinical tools to assist health care providers in evidence-based practice.

“A toolkit can include the technology itself along with provider and patient education materials like ready-to-go brochures, pamphlets, instructions on use, and a very brief summary of the literature so providers know what works and what doesn’t work,” said Nelson, who is also associate director of research at the University of South Florida’s College of Nursing.

Studies on hip protectors at the 15,000-square-foot Safety Center, for example, led to design innovations such as inserting a dye pack that’s activated when a person falls laterally, indicating the hip protector is no longer safe to wear. Staff members are currently updating a hip protector toolkit disseminated to VA hospitals nationwide in 2005 by the VA National Center for Patient Safety.

Nelson described the research model at the Patient Safety Center. “We do the research first here, develop the clinical tools, test the innovation and tools at the Tampa VA Hospital to refine the tool and process for implementing it in VA, and then test again in Florida VA hospitals within the VISN 8 network. From there, they may be sent to all VA hospitals in VISN 8 and eventually may be distributed to VA hospitals nationwide.”

With 1.5 million outpatient visits in 2006, the Tampa VA health care system is one of the busiest in VA, making it an ideal place to test patient safety technologies. One highly successful technology used in the Tampa hospital’s Spinal Cord Injury Center is ceiling-mounted patient lift systems that safely move patients out

“I’m afraid of falling out of my wheelchair. An injury could mean my independence, and I’m not willing to take that risk.”

disabilities and the frail elderly—those most vulnerable to falls.

With \$6 million in 2006 research funding, 62 active projects are focused on preventing patient falls, safe patient handling and movement, wheelchair and hospital bed safety, hazards associated with wandering, and tech-

niques, and a wide assortment of engineering tools. VA investigators in disciplines such as architecture, computer science, ergonomics, law, mechanical engineering, nursing, physical therapy and medicine conduct the research and develop innovations that improve the safety and indepen-



Shawn Applegarth, a mechanical engineer, and other investigators at the James A. Haley Veterans' Hospital's Patient Safety Center, recently completed a preliminary study on fall-related injuries using a car crash test dummy as the subject. The investigators are hoping to learn more about the human body's reaction to a serious fall and how new and emerging technologies may prevent serious injuries to those at risk for falls.

of bed to other areas in the room, while preventing musculoskeletal injuries to care providers.

There are always surprises along the way, according to Nelson. Take the hip protector, for example. A kind of padded underwear, this special garment protects the bones from fracturing during falls. Many people who break a hip never regain their previous mobility, and their health can quickly decline. One test done on the hip protector was to examine the impact of repeated laundering. The garments were washed up to 1,200 times and tested in groups of 25 to determine protectiveness over time, so a protocol could be developed on how often they needed to be replaced. Not surprisingly, the more the hip protector was washed, the less protective it became, she said.

And then came the hurricanes of 2004 in Florida, said Nelson. “We were washing the hip protectors every two or three days at that time, but because of the hurricanes, we couldn’t get into work, so they just sat there. Amazingly, when we tested them again, we found they suddenly became protective again.

“We thought, how could that be? It turns out they had sat longer than usual and dried out completely, which made them more protective. We started the study all over again adding measures of moisture. We determined that traditional drying practices were not sufficient, and drying them on two full machine dryer cycles was needed to be as protective as possible. We went back to the manufacturers with this information, and now they’re trying to come up with ways to seal the padding so the moisture stays out.”

Wandering is another research focus area at the Patient Safety Center of Inquiry. “Wandering is something that happens to older adults with dementia and Alzheimer’s disease,” explained Nelson. “Over time, wandering behaviors emerge, which can cause them to get lost or separated

from their families.”

Project Safe Return is an innovative program developed by the Alzheimer’s Association and being tested at the Tampa VA. The program operates like an “Amber Alert,” but instead of children, it focuses on older adults. “A veteran has a band on his hand that has identifiable information. His caregiver does too, since they too could be hurt or injured, and it notifies authorities to look for the veteran with dementia. If the veteran gets separated from his caregiver, law

enforcement and other agencies are notified,” said Nelson.

At a cost of \$80,000, VA was able to identify every veteran with dementia living in the Tampa Bay area who might be at risk for wandering and invited them to enroll in the program. “So far, the program has been very successful,” she said. “In the past six months, eight veterans who got lost were returned very quickly home, safe and sound.” **VA**

By Susan Wentzell

Afraid of Falling? Try Tai Chi

Tai Chi is a form of “gentle” martial arts shown to be effective in helping older adults at risk of falling improve their balance, strengthen their muscles, increase their flexibility, and reduce stress. Originally developed in China 2,000 years ago, Tai Chi is done slowly and gracefully with an emphasis on using the mind to control balance.

Veterans with peripheral neuropathy—numbness of the feet and legs—took Tai Chi classes at the James A. Haley Veterans’ Hospital as part of a study funded by VA Rehabilitation Research and Development (RR&D) Service titled

“The Effect of Exercise on Gait and Balance in Peripheral Neuropathy.”

Ted

Sutherland, a 62-year-old Vietnam veteran, has heart problems, has had diabetes since 1984, and suffers from numbness and tingling in his arms and legs. He drove 120 miles round trip to take the 10-week series of Tai Chi classes



Army veteran Ted Sutherland, left, works with Tai Chi Master Li T. Chen in a class at the Tampa VA’s Patient Safety Center.

at the Tampa VA’s Patient Safety Center hoping to improve his balance and confidence. “I do stumble and have worried about hurting myself—or someone else,” the 5th generation Floridian said.

“The Tai Chi class has definitely improved my equilibrium and made me stronger,” he said.

The study, a component of the RR&D Research Enhancement Award Program (REAP), is directed by Nurse Scientist Pat Quigley, Ph.D., deputy director of the Patient Safety Center. Classes are taught by Tai Chi Master Li T. Chen, who is also a professor at the University of South Florida’s College of Medicine.

Losing a Piece of Our Past

The venerable Quonset hut is fast disappearing from the landscape.

There aren't many of these World War II veterans left, and VA lost two of its own a few months ago at the Roseburg, Ore., VA Medical Center. We're referring to the venerable Quonset huts—"temporary" steel and plywood buildings that sprouted like mushrooms at military facilities during and after World War II. The volunteers and social workers that had been housed for many years in Roseburg's Quonset huts were moved to more permanent quarters as the ribbed steel arch structures came down.

These unique structures are named after the site where the first



DENNIS REDDINGTON



GARY KELLY

Originally meant to be temporary buildings, Quonset huts like these in Alexandria, La., left, and Northport, N.Y., above, are still in use at VA facilities across the country.

one was manufactured, a naval station at Quonset Point, R.I. In 1941, the Navy needed an all-purpose, lightweight building that could be shipped anywhere in the world and assembled without skilled labor. The design was based on the Nissen hut developed by the British during World War I.

After a government contract was signed with the George A. Fullerton Construction Company, it took 60 days to produce the first Quonset hut. The original design was a 16-by-36-foot prefabricated structure framed with steel members. The arched sides

and roof were corrugated steel sheets. The two ends were covered with plywood, which allowed for doors and windows.

During World War II, about 170,000 Quonset huts were manufactured. Often used as warehouses, airplane hangers, or as temporary post-war housing by the military, the hut's most common design created a standard-sized 20-by-48-foot structure with a 10-foot radius, allowing 720 square feet of useable floor space.

After the war, the military sold the surplus huts to the public for \$1,000 each. Many are still standing throughout the United States, a nostalgic reminder of a simpler time for many people, including VA employees.

Agnes Quitugua, a registered nurse at the American Lake VA Medical Center in Tacoma, Wash., has her own fond memories of the huts. Quitugua, who is originally from Guam, remembers being schooled in Quonset huts throughout her elementary and junior high school years in the 1960s. "Every time I look out the back window of our Extended Care building and see the Quonset huts that house our Recreation Therapy Service, I am reminded of home," she says.

Ford Heard, director of Acquisition Resources Service at VA Central Office in Washington, D.C., remembers living in a Quonset hut at the West Roxbury, Mass., VA Medical Center campus, where his father was the facility director in the late 1960s. The director's quarters was a large Quonset hut on the facility grounds. "We lived there about a year," recalls Heard.

Many veterans also spent some time living in the huts at various outposts around the world, including Emil C. Zimmermann. Now a statistical analyst with the VA New Jersey Health Care System, Zimmermann remembers living in one while serving as a Marine in the late 1960s. "What a lot of people do not know is that

these huts were designed with one end a few inches lower than the other," he says. "The reason is that when it came time to clean them you only had to remove the furnishings and use a high-pressure fire hose at the high end and let gravity or a broom and mop do the rest."


Today, if you look hard enough, you can still find Quonset huts in use at VA facilities across the United States. The Togus VA Medical Center, located in Augusta, Maine, has six Quonset huts dating from 1945 and 1946. They are used as the paint shop, the sheet metal shop, the welding shop, the seamstress uniform repair shop, and two are used for general storage, where the center's famous Civil War cannons are safely stored during the winter season.

According to Lynda J. Solazzo, a program support assistant at the Coatesville, Pa., VA Medical Center, back in the early 1970s, VA's Nursing Service used the huts on the facility's grounds for training new nurses. "I remember the old school-like seats with the attached desks lined up with the ex-military nurses as instructors standing at a podium in the front of the hut," says Solazzo. Now used primarily by Recreation Therapy Service, Coatesville's Quonset hut is a recognized landmark in the community.

A Quonset hut at the Northern Arizona VA Health Care System in Prescott used to belong to the Army

when the facility and the grounds were called Fort Whipple. Today, it houses the Prescott Federal Credit Union and "Sport Whipple," the employee fitness center. At the VA Central Iowa Health Care System in Knoxville, three huts are used as a bowling alley and for warehouse storage.

Jan Callahan, currently a health technician at the Bob Michel VA Outpatient Clinic in Peoria, Ill., worked in a Quonset hut at the VA Illiana Health Care System in Danville, Ill. She was there for a year in the 1990s, when it housed a shop that made signs for VA facilities throughout the country. The sign shop has shrunk in size and responsibility but still remains in the back of its old Quonset hut. At least two more huts exist behind the Facilities Management Service building and a couple more can be found elsewhere on the property.

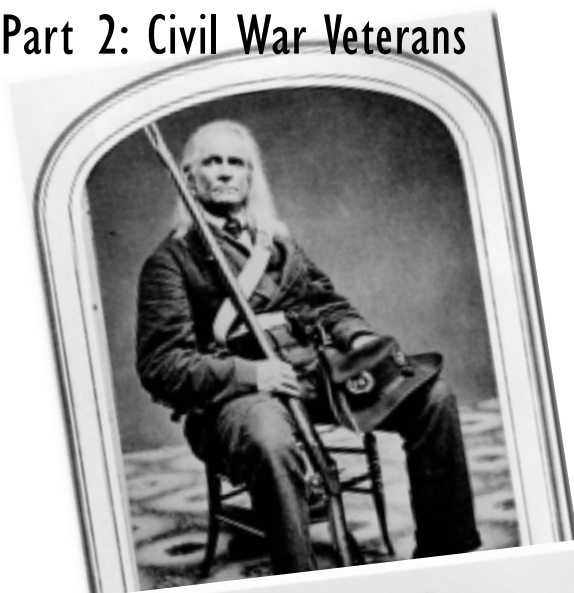
Jeff Salas, a supervisory general engineer with the Roseburg VA Medical Center, had an uncle whose life was saved by his Quonset hut. In 1962, Typhoon Karen hit the island of Guam. His uncle's hut survived the Category 5 storm, even though 95 percent of the houses on the island were destroyed. His uncle lived in the hut, made with mahogany floors, until 1973. 

By Amanda Hester

Other Sites Where You Can Still Spot a Hut

New Mexico VA Health Care System, Albuquerque
 West Los Angeles VA Medical Center
 Dwight D. Eisenhower VA Medical Center, Leavenworth, Kan.
 VA Northern Indiana Health Care System, Marion
 Lexington, Ky., VA Medical Center, Leestown Division
 Dayton, Ohio, VA Medical Center
 VA Palo Alto, Calif., Health Care System, Menlo Park Division
 Alexandria, La., VA Medical Center
 Northport, N.Y., VA Medical Center
 Fort Howard, Md., VA Outpatient Clinic
 Marion, Ill., VA Medical Center
 Alvin C. York VA Medical Center, Murfreesboro, Tenn.

Part 2: Civil War Veterans



In Search of Our Veteran Ancestors

NARA PHOTOS

The first shots of the American Civil War were fired on April 12, 1861, at Fort Sumter, S.C., and divided our nation into two governments: the United States of America, or “Union” (northern states), and the Confederate States of America, or “Confederacy” (11 states in the South). Millions of men (and a few women) enlisted in the armies and navies on both sides to fight against one another.

For the first time in U.S. history, the enlistment of African Americans into the Union Army was legally authorized by Congress, and companies of U.S. Colored Troops were formed within the volunteer army. The Civil War was also the first American war to be photographed. When the war

officially ended on April 9, 1865, approximately 500,000 soldiers had died.

Due to the unprecedented number of soldiers who served, plus the complexities of locating records from two separate governments, the search for Civil War veterans can be highly challenging and rewarding—or frustrating and disappointing—for many reasons. A large number of new immigrants enlisted in the various services and many of them used aliases, which can confound your search efforts. Many men served with multiple states, units or services—some served in both the Army and the Navy—multiplying your search. Some women disguised themselves and enlisted as men.

Among the atrocities of war, records of all kinds, including burial or prison records, were often burned or otherwise destroyed or lost. Officially-issued dog tags did not exist on either side during the war, so only an estimated 56 percent of the dead were identified. This means that 44 percent—roughly 220,000 soldiers—were buried as unknowns or their burial locations are unknown to this date.

No assumptions should be made about your ancestors. There were numerous men from the South who left home to join the Union Army and some from the North joined the Confederacy. Not all soldiers who served with the U.S. Colored Troops were African American: the majority of officers were white. Roughly 211,000

Union troops were held as prisoners of war, as were 214,000 Confederates, and only a limited number of their records survived.

The National Archives in Washington, D.C., houses a treasure trove of Civil War records, including those of hospitals, prison pens, and Mathew Brady's war photographs, a number of which include identities of units and individuals: www.archives.gov/research/civil-war/photos. Other critical Civil War records housed at the National Archives include records of the Adjutant General's office (court martial proceedings, etc.), Medal of Honor recipient files, ship's logs, correspondence, battle reports, census records, and more. A number of Native Americans served as auxiliary troops for both sides during the war, and their records are located at National Archives.

Union Soldiers (including U.S. Colored Troops)

The majority of records for Civil War soldiers who served in the Union Army or Navy are located at the National Archives. The primary records to search will be the compiled military service records, pension records, National Homes records and national cemetery records.

The compiled military service records contain enlistment and other documents relevant to their service, and an index according to name and state is available on microfilm. Military records of the U.S. Colored Troops, Navy, Marines, and a few women who enlisted as men under aliases (later discovered and discharged for "sexual incompatibility") are also housed there.

Pension records often contain affidavits, physicians' reports and other invaluable biographical information on the veteran. Copies of pension records can be ordered through locations given on the National Archives Web site: www.archives.gov/genealogy/military/pension/1861-1934.html

In March 1865, Congress estab-

lished National Homes for Disabled Volunteer Soldiers to provide long-term care to volunteer soldiers who were injured or disabled during their military service in the Civil War. Thousands of men—including soldiers of the U.S. Colored Troops—resided at these homes after the war, and remaining records are housed at the National Archives. The Homes produced official registers and reports that are available at various archival institutions.

Congress created national cemeteries in 1862 specifically for burial of deceased Union soldiers, and surviving records are located at the National Archives. However, the Nationwide Gravesite Locator is an excellent online resource, based on official records of interment, to search for veterans buried in national cemeteries. Go to www.cem.va.gov and click on "Nationwide Gravesite Locator."

Confederate Soldiers

The best sources for Confederate military service records and pension records are state archives of the 11 former Confederate States: Virginia, North Carolina, South Carolina, Georgia, Florida, Louisiana, Texas, Mississippi, Arkansas, Tennessee and Alabama. The federal government did not provide pensions to Confederate soldiers until the mid-20th century. Individual southern states carried the responsibility for Confederate veteran pensions and most enacted them into law beginning around 1880. The National Archives has a limited number of records on Confederate soldiers, Confederate prisons and pensions. For more information, visit the Web site: www.archives.gov/genealogy/military/civil-war/confederate/pension.html. Muster roll books are often housed at the Clerk of Court office in your city or county.

Former Confederate soldiers were not permitted official admission to National Homes or interment in U.S. national cemeteries until the 20th century. During the war, Confederate

soldiers were interred at several prison camps, which later became national cemeteries, and at Robert E. Lee's plantation (now Arlington National Cemetery). For the known Confederate burials in U.S. national cemeteries, consult the Nationwide Gravesite Locator as mentioned in the Union soldier section. Many southern states established soldiers' homes for their veterans; surviving records for state-run homes would be located at the state archives.


Beyond National Archives

If your ancestor was a military officer, he probably attended a military academy such as the Virginia Military Institute, or the U.S. Naval or Military academies, prior to his enlistment or appointment. Archives at those institutions have Web sites and may have diaries, photographs or student records of your ancestor.

After the war, a number of soldiers grew interested in the burgeoning medical profession and enrolled in medical school. Medical school archives would have student enrollment records or photographs of graduates. Most have Web sites with contact information and how to submit your query online. Check with schools located in the veteran's home state first. Another resource for possible leads is the National Museum of Civil War Medicine: www.civilwarmed.org.

For information on Civil War Medal of Honor recipients, visit www.army.mil/cmh-pg/moh1.htm.

The Library of Congress manuscript collection houses many journals, diaries, and records of Civil War military leaders and soldiers: www.loc.gov/rr/mss. If you visit their manuscript reading room, peruse the finding aid to their Civil War collections.

If you need additional assistance searching for a veteran ancestor, contact Darlene Richardson, VHA historian, at (202) 273-8923, or Darlene.Richardson@va.gov. 

By Darlene Richardson

Reaching New Heights at the Winter Sports Clinic

Advanced training clinic helps top skiers improve their techniques and get a taste of racing.



JEFF BOWEN

Veterans skied to new heights at the 21st National Disabled Veterans Winter Sports Clinic with an advanced Alpine Race and Performance Training Clinic offered to intermediate and advanced Alpine skiers. The program is made possible through a VA agreement with the United States Olympic Committee and is used to identify potential Paralympic athletes.

Now in its second year, the advanced clinic is designed to help top-notch skiers improve their skiing techniques and get a taste of racing. More than 25 veterans participated in this special clinic led by former and current U.S. Disabled Ski Team members and coaches. According to Clinic Director Sandy Trombetta, the advanced clinic is an evolutionary process for veteran skiers who, because of

the Clinic, have become great skiers.

“For our veterans who ski at an advanced level, this clinic within a clinic will nurture our veterans to not only enhance their skiing skills, but hopefully maximize their potential as future World Cup and Olympic competitors,” said Trombetta.

One participant who took part in the advanced training clinic was Mark Mix, 36, a Navy veteran from Warsaw, Ohio, and a combat veteran of Operation Iraqi Freedom. “The Clinic is the best thing that has ever happened to me,” said Mix. “It has changed my life and now I can see there is still something that I am good at. Everyone should try the sport of skiing. It is a rush.”

The Winter Sports Clinic, which was held in Snowmass Village, Colo., April 1-6, saw 370 U.S. military vet-

erans from 41 states gather for the largest adaptive ski clinic of its kind with the goal of learning or improving skills in adaptive Alpine and Nordic skiing and snowboarding. This year, 96 Operation Iraqi Freedom veterans and 28 Operation Enduring Freedom veterans participated.

Participation is open to U.S. military service veterans with spinal cord injuries, orthopedic amputations, visual impairments, certain neurological conditions and other disabilities. For more information, visit www.wintersportsclinic.va.gov

By Richard Olague



ROBERT TURTEL

Winter Sports Clinic participants Mark Mix, above left, and John F. Register, an Army veteran from Colorado Springs, Colo.

InfoSec 2007: IT, Privacy Pros Train to Achieve Gold Standard

Marking the first anniversary of VA's announced intention to set a "gold standard," it was no coincidence that nearly 900 employees at the department's annual InfoSec conference in April focused on security and privacy. Secretary Jim Nicholson's remark on opening day—"Our biggest challenge is data security"—drove the point home early.

Assistant Secretary for Information and Technology and CIO Bob

Howard homed in on improving information protection, beyond encryption of department-owned laptops and other portable devices. For example, affiliated medical institutions and contractors will have to meet protection standards that VA mandates.

Dr. Joe Francis, VHA deputy chief R&D officer, said health services research presents special concern because it uses large data sets with personal identifiers such as Social Security numbers. Identifiers are needed to link information across data systems, to compare Medicare and VA performance, for example. The loss of a computer hard drive at a Birmingham, Ala., VA research center in January highlighted the risk of not securing information being used.

Rita Geier, of the Social Security Administration, said the President's Identity Theft Task Force recommends federal agencies restrict use of Social Security numbers. Marc Groman, of the Federal Trade Commission, revealed the

magnitude of harm that can inflict victims of identity theft.

Over three days, the responsibilities of information security and privacy officers (ISOs and POs) were spelled out. The Office of Information and Technology seeks to make the POs' positions full time at most facilities.

ISOs and POs are busier than ever, reporting security events to OI&T's Network and Security Operations Cen-

ter, or FERET—is scheduled for nationwide use by June 1. It asks questions of ISOs and POs to help them categorize events and prompts for updates that could change risk assessments. An enhanced version will be rolled out later this summer.

Panels of privacy, records management and FOIA officers conducted training with experts from VBA and VHA. Privacy specialists told medical

closure.

ISOs must ensure that VA's system security plan for every IT system used in a facility is implemented through a facility site plan, with rules of behavior governing access employees can have to systems and databases. ISOs also are responsible for environmental factors that affect systems' operations. Tim Hassell, IT specialist with the Office of Cyber Security (OCS), told them a template for a system security plan that ISOs can customize to their needs is on the OCS Web site.

ISOs coordinate IT contingency plans to respond to outages and other disasters. OCS' Ron Hensel advised ISOs to consider the accessibility of back-up storage, including staff permissions and compatible equipment.

Thirty IT employees were recognized at the conference for passing the exam in the last year for accreditation as a certified in-

formation systems security professional. They joined the ranks of 144 employees already certified. Three privacy professionals earned the certified information privacy professional/government title.

Adair Martinez, deputy assistant secretary for information protection and risk management, said, "We will attain the gold standard when VA has uniform information risk management policies and all employees abide by them and treat sensitive information the way they want their own treated." **VA**

By Jo Schuda



Marine Corps veteran Kevin Blanchard told IT professionals at the InfoSec conference their work can have a big impact on the lives of veterans disabled in Iraq and Afghanistan. He lost a leg in Iraq. Stage "construction" props reflect a conference theme, "Building and strengthening our capabilities."

GREG HOTZLER

ter (NSOC). "Events" in the NSOC weekly report are reviewed by a VA Incident Resolution Core Team in VA Central Office that decides where circumstances warrant notifying Congress and affected individuals—usually veterans—and offering credit monitoring.

InfoSec highlighted a new tool to help VA improve its response and meet a requirement of the VA Information Security Enhancement Act to determine the degree of risk involved in incidents. The online database—Formal Event Review and Evaluation

center POs how to have a fully compliant privacy program, starting with knowing the applicable federal statutes and regulations. VHA POs also must comply with VHA Directive 1605 to develop policies and programs that they incorporate into business practices. Online templates are available to create facility policies.

VHA Privacy Specialist David McDaniel's advice to POs included training staff, making weekly "rounds" to audit and report privacy breaches, and responding quickly to complaints of dis-

Secretary Honors Top Nurses During Central Office Ceremony

VA Secretary Jim Nicholson and Deputy Secretary Gordon H. Mansfield paid tribute to VA's top nurses and medical professionals during the Secretary's 2007 Excellence in Nursing and the Advancement of Nursing Programs Award Ceremony held May 7 in VA Central Office. The Secretary's Award is given to individuals nominated by their colleagues for outstanding service to veterans and VA.

Elizabeth A. Noelker is associate chief nurse for the Center for Restorative and Transitional Care (CRTC) at the Louis Stokes VA Medical Center in Cleveland. She has worked for VA for six years. Noelker was honored for working tirelessly to institute numerous initiatives within the CRTC, each of which has been cited nationally as a best practice.

Asked what she enjoys most about being a nurse, she said, "The ability to help others, the ability to care, to make changes, to impact life, to mentor nurses—it's all wonderful."

Suzanne Strok, a registered nurse, researches and implements Best Practice Performance Initiatives as staff nurse in the Intensive Care Unit at the Dayton, Ohio, VA Medical Center. She has worked for VA for 17 years. Strok was honored for leading the initiative to obtain PRISMA, a machine that removes fluids and metabolites for patients unable to tolerate hemodialysis.

The decision to become a nurse was an easy one for Strok, who is the daughter of a nurse. After graduating from high school, Strok said her mother gave her two options: either enroll in nursing school



MICHAEL L. MOORE

VA Secretary Jim Nicholson and Chief Nursing Officer Cathy Rick paid tribute to VA's top nurses and health care executives who advance nursing programs during an awards ceremony May 7 in VA Central Office. Left to right: James A. Tuchschildt, M.D.; Rick; Elizabeth A. Noelker; Nicholson; Suzanne Strok; Aura-Lee Nicodemus; and Christine A. Gregory. Not pictured is Petra V. Holder. The Secretary's Award is given to individuals nominated by their colleagues for outstanding service to veterans and VA.

or join the Navy. She took option one. She said her favorite thing about being a nurse is making a difference in her patients' lives "whether they're fussing at me or thanking me."

Aura-Lee Nicodemus, a licensed practical nurse, works with the Emergency Department at the White River Junction, Vt., VA Medical Center as clinical staff assigned to patient transport and travel. She has worked for VA for 23 years. Nicodemus was honored for her unwavering commitment to veterans and their families. She participates in the VAMC's "Good Neighbor" program, volunteering her time to check in on four veterans in her community.

Since the age of 3, Nicodemus knew she was des-

tinued to become a nurse. Her mother worked in a nursing home when she was a toddler, and Nicodemus used to go in to work with her every day. She found she enjoyed being around elderly people and taking care of them.

Now that she is an adult, Nicodemus said she is honored to be taking care of veterans. "It's a very special thing to care for the heroes of our nation," she said. "Nothing we could ever do would be enough to repay them."

Petra V. Holder, a nursing assistant, is the Nursing Assistant Restorative Nursing Program leader at the Northport, N.Y., VA Medical Center. She has worked for VA for four years. Holder was honored for being passionate about patient care.

When one of her patients was unable to find a suitable nursing assistant to accompany him on a trip to visit his family in California, Holder took seven days of her annual leave to care for the 67-year-old veteran on his first family vacation in 12 years. "I love working with these guys," she said. "It's like a family here to me. I love caring for them."

The award program also recognizes health care executives who advance nursing programs. This year's recipients were James A. Tuchschildt, M.D., director of the Portland, Ore., VA Medical Center, and Christine A. Gregory, associate director of Nursing and Patient Care Services at the VA Central Iowa Health Care System. **VA**
By Renee McElveen

700th Veteran Opens Small Business Through VetFran Program

VA Secretary Jim Nicholson recognized Marine Corps veteran Alan Martinez March 30 at the 16th annual International Franchise Expo at the Washington, D.C., Convention Center. Martinez, who recently purchased a Virginia Barbeque franchise, became the 700th veteran to acquire a franchised small business using financial incentives offered by the International Franchise Association's "VetFran" program.

VetFran is a voluntary effort undertaken by nearly 250 IFA member companies that agree to offer financial incentives to honorably discharged veterans. VA's Center for Veterans Enterprise works closely with IFA to promote the program.

"Our expansion of this government-business agreement gives an extra boost to those who have devoted part of their lives to their country and want to enter, or reenter, the economic mainstream," said Nicholson. "It furthers VA's mission to help with that transition by encouraging business ownership."

Virginia Barbeque, founded by entrepreneur Rick Ivey, discounted \$5,000 from Martinez's initial franchise fee. Headquartered in Fredericksburg, Va., the franchise has seven restaurants in operation and three under development.

A current list of participating companies and the discounts they offer is available on IFA's Web site at www.Franchise.org under "VetFran Directory." CVE's Web site, www.VetBiz.gov, offers guidance for veteran-owned small businesses.



Left to right: International Franchise Association President Matthew Slay; VA Secretary Jim Nicholson; International Franchise Association Chairman Michael Isakson; veteran business owner Alan Martinez; his wife and business partner Kim Martinez; Virginia Barbeque founder Rick Ivey; and MFV Expositions President Tom Portesy.

Shared Training Partnerships Save Money for VA, Other Agencies

"Share everything!"

- First lesson in Robert Fulghum's bestseller *All I Really Need to Know I Learned in Kindergarten*

That lesson has not been lost on VA and Defense Department health-care administrators and it isn't surprising that it is the educators within the two departments that have taken it to heart and to the bank.

Since 2004, Veterans Health Administration shared training partnerships have generated cost avoidance for the partners of \$22 million in clinical training costs, says Richard Lussier, interagency shared training coordinator for

VHA's Employee Education System (EES), "and that's only the beginning."

What started out as an exploration of how best to develop a shared training architecture and how to enhance the sharing of distance learning training programs with DoD has become a tried and tested shared training platform and strategy involving a number of federal agencies with strong clinical training missions.

The sharing venture began in 2004 with congressional language "strongly encouraging" VA and DoD to enhance existing collaborative efforts that reduced replicating common functions at national

as well as local levels of both organizations with the goal of saving money and improving service; in other words—enhanced sharing.

The result is a collaborative effort—the VA/DoD Joint Executive Council (JEC)—that goes beyond these two federal agencies to include others. JEC progress is clearly visible by looking at the accomplishments of one of its subcommittees, the Health Executive Council (HEC), co-chaired by VA's Under Secretary for Health and DoD's Assistant Secretary for Health Affairs.

The HEC education subcommittee is co-chaired by Joy Hunter, dean of the VA

Learning University, and Navy Capt. Jaime Luke, Uniformed Services University senior executive director of Continuing Education for Health Professionals. Since its inception, the partnership has improved the distance learning infrastructure and leveraged existing training programs while also significantly advancing joint development of clinical training programs.

Lussier's responsibility is to standardize the shared training infrastructure while maximizing its cost-effectiveness.

"Both VA and DoD have broad and wide-ranging clinical training audiences and relied heavily on satellite and

streaming video to transmit," he said. "We set up a shared process for vetting training programs and distributed them to the field on each department's satellite and video systems. It was kept very simple—the ground rule was to use each other's generic training products without modification. Keep it user-friendly."

Lussier followed up with a VHA external Web site through which shared training partner students could complete certification for continuing education credit by downloading handouts and slides and completing evaluations and tests.

"That process worked so well that we were able to add other partners without significant modifications in the sharing strategies or architectural elements," Lussier said. Other partners include the Indian Health Service (IHS) and the Centers for Disease Control and Prevention (CDC).

The IHS didn't have satellite transmission capability so its shared training transmissions were dubbed to DVDs and mailed to IHS hospitals and clinics.

"It's a different modality of training," Lussier said, "and it works. IHS clinicians can train on or off site and go to the Web for course materials and testing."

In addition, IHS added a new dimension to the sharing program. It now includes training offerings to tribal councils and caregivers, extending the reach of the sharing program to the community level.

With the signing of a memorandum of understanding with IHS, the VA/DoD partnership became, in effect, an expanded VHA-coordinated shared training consortium. The VA/DoD partner-

ship continues as a separate program but is overlapped by VHA's sharing agreements with IHS and other agencies, all able to share each other's training through satellite and Web technology, and supporting Dean Hunter's vision for VHA "to be the leader for shared health-care training within the national federal community and beyond."

The success of VHA's Shared Training Partnerships wasn't lost on two Health and Human Services agencies deeply involved in clinical training—the CDC and the National Institutes of Health (NIH). EES identified CDC as a potential partner last year, and NIH approached EES early this year and is now exploring the benefits of becoming a partner.

"CDC, like IHS, has asked to share our consortium's training programs with communities of practice beyond the federal sector," Lussier said.

In CDC's case, that sharing extends to its client base in public health departments—a very large number of physicians, nurses and emergency medical technicians throughout the country.

The evident value and promise of this VHA-led training consortium is not only attracting more partners, but grant money, as well, to develop training programs that can potentially be shared in every community across the country.

The partnership received \$7.9 million in VA/DoD Joint Incentive Fund grants in the last two years to develop new training projects. Work is underway on a \$4 million Web-based pharmacy technician training program that meets all of the partner's core training requirements. And through the partnership, VHA

is developing a 15-hour clinical training program to certify clinical informatics specialists.

Lussier noted that the pharmacy technician project will be the largest standardized architecture to date, meaning that its Web-based curriculum will be useable without modification by all other agencies.

"We're not only sharing

the fine clinical training products VHA and its partners have produced to meet their own needs," said Lussier, "we're bringing the best and brightest educators, media experts and IT people in these federal agencies together to produce Web-based curricula that I believe will become the government standard." **VA**

Performance Report Earns High Marks

VA's annual performance report was highly rated by an independent research center. The evaluation by the Mercatus Center of George Mason University listed the department's fiscal year 2006 performance and accountability report as one of the three best in the federal sector, along with the Labor and Transportation departments. The three agencies earned top rankings for overall reporting, transparency and leadership on an annual evaluation of agencies' performance and accountability reports conducted by the Mercatus Center. VA, Labor and Transportation were among those at the top of the list last year as well.

At an event announcing the center's findings, researchers and officials discussed the possibility that the Office of Management and Budget (OMB) will require additional

performance information in the congressional budget justification documents that agencies send to Capitol Hill every year. Some participants questioned whether the performance information would be removed from the annual reports and moved to the budget documents, to reduce the burden on agencies, which are sometimes asked to provide similar information in slightly different formats for the two processes.

But Robert Shea, OMB's associate deputy director for management, said removing the information from the performance and accountability reports is not under discussion, in part because of statutory requirements that it be publicly available. VA's Fiscal Year 2006 Annual Performance and Accountability Report is available at www.va.gov/budget/report. **VA**

New Polytrauma Web Site

VA's Polytrauma System of Care has a new Web site at www.polytrauma.va.gov. The site offers general information about polytrauma and links to each of VA's 21 polytrauma facilities—four Polytrauma Rehabilitation Centers and 17 Polytrauma Network Sites. The growing number of Polytrauma Support Clinic Teams will be added to the site as they come on line. The site also provides specifics about admissions, family support and other VA and non-VA resources. Fact sheets on Traumatic Brain Injury and polytrauma are available on the VHA Communications Intranet site at vawww.va.gov/webcom/guidance0307.asp.

Marian Kerbleski

At 5 feet, Marian Kerbleski walks tall on the lower yard of San Quentin State Prison.

The registered nurse spends her Wednesday evenings volunteering at the prison. Her day job is serving as the Hepatitis C coordinator for the San Francisco VA Medical Center, where she has worked for the past 35 years. VA hired Kerbleski in 1971 after she graduated from the University of San Francisco that same year with a nursing degree.

In July 2001, the warden of San Quentin State Prison contacted the San Francisco VAMC requesting that VA staff visit the prison as part of the warden's Success Program to give inmates the tools they need to be successful once they are released from prison. The program was designed to decrease recidivism among inmates.

The San Francisco VAMC sent a team of four—a social worker, an administrative clerk, a veterans service officer and a registered nurse—to the prison. The team met with 30 veteran inmates at the prison, which is located about 15 miles from the medical center.

“You want to project acceptance by looking into someone’s eyes and being non-judgmental.”

The team collected DD-214s, reviewed initial benefits, and enrolled eligible veterans into the health care system so they could access VA services upon their release from prison. Kerbleski provided information about Hepatitis C, which she explained is a common disease among prison populations because of the prevalence of other risk factors

such as a history of intravenous drug use and the acquisition of multiple tattoos.

Several months later, Kerbleski was invited to return to the prison to provide information about Hepatitis C to all of the veteran inmates. In early 2002, she set up a table on the lower yard to provide information about general health care. This time her expertise was made available to all of the inmates, not just veterans. There are about 5,000 inmates at the prison.

When the facilitator of the Veterans Issue Group retired in March 2004, Kerbleski was asked to step in. A sub-group of the Vietnam Veterans Group of San Quentin (VVG SQ), the support group meets on Wednesday nights for 90 minutes in a classroom on the lower level of the prison.

In order to volunteer with the group, Kerbleski was required to attend training conducted by the Department of Corrections at the prison. Instructors reviewed the prison's security measures, and taught volunteers what they could and could not bring into the prison with them and how to react in the event of a

prison lockdown. Completing the training gave her “Brown Card Holder” status, which allows her to enter certain areas of the prison unescorted.

Kerbleski admits she was a little worried about her safety when she first started visiting the prison since it was a new experience for her. However, she soon learned to walk tall in the lower yard



San Francisco VAMC nurse Marian Kerbleski volunteers at San Quentin State Prison.

ELIZABETH KERBLESKI

among the inmates.

“You want to project acceptance by looking into someone’s eyes and being non-judgmental,” she said.

As facilitator of the Veterans Issue Group, Kerbleski leads the support group in discussions about positive communication, anger management, self-esteem, substance abuse, PTSD, and specific issues pertaining to serving in the military. These subjects are covered in 16 written modules. Working through the modules becomes part of the

prisoners’ parole process.

“I make it very clear that I can’t change their circumstances in prison,” she said. “However, it is important to change one’s behavior in thinking, and this includes acceptance of the situation, positive communication, and how to deal with issues that can trigger stress.”

Although the VVG SQ

consists of several hundred members, the Veterans Issue Group consists of just 15 to 20 members. The members are serving sentences ranging from less than 12 months to life behind bars. Kerbleski has never asked them what landed them in prison.

“I am here to care for all veterans,” she explained. “You don’t ask.”

Kerbleski said she was moved to participate in the group “because of the sincere humbleness that I feel from these veterans. They are deeply proud of their military service.”

The veterans have used their earnings from prison jobs—about 30 cents a day—to help other veterans. For example, they have sent 300 boxes of toiletries, stationery and snacks to troops serving in Iraq and Afghanistan. They also sponsor an annual college scholarship program for children of veterans. For more information about the prison group, visit their Web site at vvsq.tripod.com. **VA**
By Renee McElveen

Houston Uses One-Two Punch Against Liver Cancer

The Michael E. DeBakey VA Medical Center in Houston recently used laparoscopic Radiofrequency Catheter Ablation (RFA) to treat a primary liver tumor (hepatocellular carcinoma). According to the American Cancer Society, about 14,000 cases of primary liver cancer are diagnosed each year.

Cancer in the liver usually is not detected until it reaches an advanced stage, and most liver cancers cannot be treated with surgery. This is because the tumor may be too large or has grown into blood vessels or other vital structures.

Surgical removal is not possible for more than two-thirds of primary liver cancer patients and 90 percent of patients with secondary liver cancer. Until recently, chemotherapy and systemic treatment were the only options for patients with inoperable liver cancer.

Laparoscopic RFA is a minimally invasive procedure performed under real-time intra-operative laparoscopic ultrasound guidance. RFA may be the only local treatment option for many cancers that cannot be surgically removed. Because it does not have the bad side effects of other options, RFA can be performed without affecting the patient's overall health or quality of life.

"We are very excited about offering laparoscopic Radiofrequency Catheter Ablation to our veteran patients," said Daniel Albo, M.D., Ph.D., chief of General Surgery and Surgical Oncology at the Houston VA and an associate professor of Surgery at Baylor College of Medicine. "This treatment modality is not only more effective against

these very aggressive tumors, but also allows us to treat patients who would otherwise be untreatable."

In RFA, energy is delivered through a metal tube or probe inserted into tumors or other tissues. When the probe is in place, metal prongs pop open to extend the reach of the therapy. RF energy causes atoms in the cells to vibrate and create friction. This generates heat and leads to the death of the cancerous cells.

Coronary Procedure Adds No Benefit Over 'Optimal Medical Therapy' Alone

Angioplasty combined with treating patients with medications is no better at reducing the risk of heart attack or death in patients with stable heart disease than treating pa-

tients with medications alone, according to a new study. Study results were presented March 27 at the 56th Annual Scientific Session of the American College of Cardiology in New Orleans. The results were also published online in the *New England Journal of Medicine*.

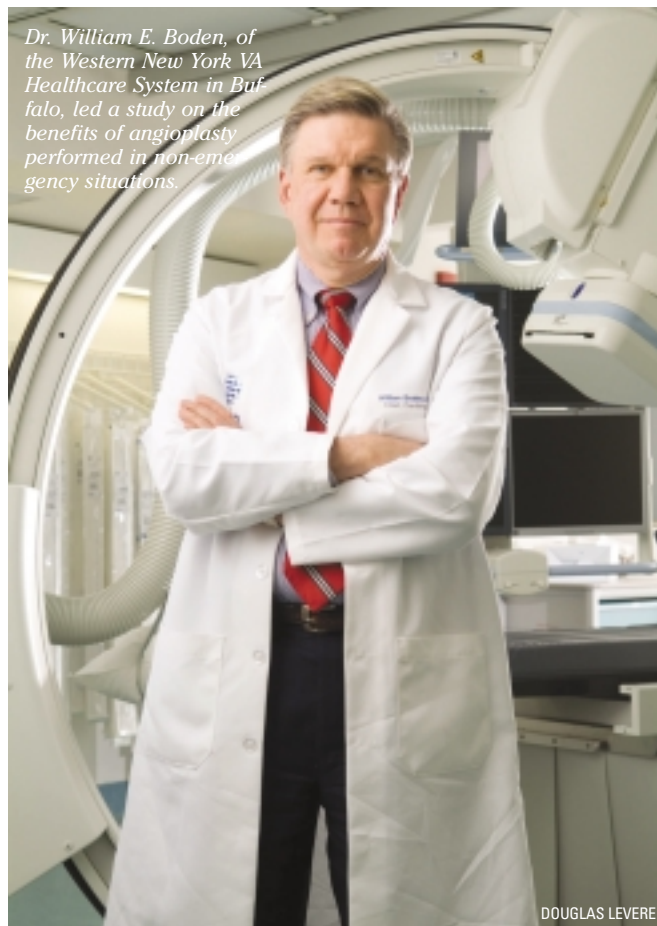
The VA Cooperative Studies Program and the Canadian Institutes of Health Research conducted the Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE) Trial. The randomized, controlled study involved 2,287 patients with stable coronary artery disease treated at 15 VA medical centers, as well as 35 other U.S. and Canadian medical centers. The study was conducted between 1999 and 2004.

COURAGE participants—most of them Caucasian males, with an average age of 62—had at least one coronary artery that was more than 70 percent blocked. They experienced regular chest pain, or angina, at least several times per week. About 38 percent had a history of heart attack, 33 percent had diabetes, 71 percent had high cholesterol, and 67 percent had high blood pressure.

All participants received optimal medical therapy, which consisted of multiple medications—including drugs to lower blood pressure and cholesterol and prevent clots—and lifestyle programs for smoking cessation, physical activity and nutrition. Half the participants also underwent percutaneous coronary intervention (PCI), a procedure more commonly known as angioplasty, in which plaque is cleared from a blocked artery. Nearly all of the PCI recipients (93 percent) also had a stent, a wire-mesh tube, placed to help keep open the affected artery.

At a median follow-up of almost five years, the rates of death, nonfatal heart attack, stroke and hospitalization for heart disease were the same in the two study groups. The study is the first large, well-designed comparison of angioplasty to non-surgical care for patients who are not having a heart attack or in imminent danger of having one. Angioplasty has become one of the most common medical procedures in the United States.

"The data are compelling," said first author and presenter William E. Boden, M.D. "We do too many of these procedures." Boden is a consultant in cardiology at the Western New York VA Healthcare System. **VA**



Dr. William E. Boden, of the Western New York VA Healthcare System in Buffalo, led a study on the benefits of angioplasty performed in non-emergency situations.

DOUGLAS LEVERE



BRUCE BOWENS

Phoenix VAMC patient Erik Castillo receives occupational therapy while awaiting craniofacial surgery at Walter Reed. Castillo was injured by a bomb blast to the head causing traumatic brain injury.

Meeting the needs of OEF/OIF vets

An Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Clinic has been established at the Carl T. Hayden VA Medical Center in Phoenix to address the specific needs of the nation's newest combat veterans. Eleven medical providers designate a portion of their new patient appointments as OEF/OIF patient slots. These providers are now developing a medical screening template based on their observations and emerging national data to ensure appropriate evaluation during OEF/OIF initial patient exams. Doug Mitchell is the program manager and Pat Tuli, a social worker, is the clinic team coordinator.

Although the clinic originated in Primary Care, it has now collaborated with Mental Health to evaluate the emotional issues of these veterans. A primary care appointment is automatically linked to a Post-Deployment Screening appointment, where the veteran's mental state is assessed and addressed. Psychologist Adriana Tarazon assesses functioning over a variety of domains, including occupational, relational and emotional adjustment. "I am hopeful that early contact and intervention with these veterans may ease their transition and prevent long-term psychological problems," said Tarazon.

FAA employment program for disabled veterans

"A Hero to the Nation—A Hero in the Skies." With that theme in mind, Federal Aviation Administration (FAA) and Veterans Benefits Administration officials unveiled FAA's Veterans Employment Program on April 10. A product of a memorandum of understanding signed by the two agencies in November 2006, the new program establishes a framework for providing transition for veterans with disabilities into the civilian workforce through on-the-job training programs administered by FAA.

Through this partnership, disabled veterans will be able to take advantage of VA education and vocational rehabilitation

benefits while training for select positions in FAA such as air traffic control specialist and airway transportation systems specialist. The FAA's Office of Human Resource Management, in collaboration with its Academy and Air Traffic Organization, has developed a training plan for veterans entering this program. The training will allow disabled veterans who apply and are approved by VA to use their vocational rehabilitation and education benefits to attend classes at the academy. Veterans will complete the same training requirements as current FAA employees. Veterans must apply through VA's Vocational Rehabilitation and Employment (VR&E) Service. The VR&E Web site has detailed information on the program: www.vetsuccess.gov. VA

'Green' regional claims office



TERESA BELL

Left to right: Diana Rubens, Western Area director, Veterans Benefits Administration; Michael Walcoff, associate deputy under secretary for benefits, VBA; Montana Lt. Gov. John Bohlinger; Koryn Arnold, Veterans Service Center manager, Fort Harrison VA Regional Office; Douglas Wadsworth, director, Fort Harrison VARO; Dean Bjerke, president, Diamond Construction.

VA officials and a delegation of state officials opened a new \$4.5 million regional claims office in Fort Harrison, Mont., on April 3. The facility is VA's first energy efficient and environmentally certified building. Montana Gov. Brian Schweitzer and Lt. Gov. Jon Bohlinger, along with representatives from Montana's congressional delegation, gathered for the ribbon-cutting ceremony opening the 22,000-square-foot building, located east of the VA Montana Health Care System.

Health care claims for Montana veterans will be processed at the new facility. Top priority will be given to claims filed by veterans of Operation Iraqi Freedom and Operation Enduring Freedom. The facility features interview rooms, a conference center, and a room for veterans service organizations. Mike Walcoff, VA's associate deputy undersecretary for benefits, said the new office currently employs 48 people. He said the facility could grow to serve as a resource center for other states. Montana is home to 107,000 veterans, the most per capita of any other state in the union.

Hall of Fame quarterback visitor



DUKE BLEND

John Elway, Football Hall of Fame quarterback for the Denver Broncos, visited with Connie Tally, Eligibility and Enrollment trainer for VA's Health Administration Center, after attending a kick-off luncheon for the Healthier U.S. Veterans program in Denver. Elway is VA's spokesman for the program.

A former professional football player dropped in to visit with VA employees in Denver recently. John Elway was in town April 5 attending the national kick-off luncheon for the Healthier U.S. Veterans program. The Football Hall of Fame quarterback for the Denver Broncos is serving as VA's spokesman for the program.

After attending the luncheon, Elway had a chance to visit the VA Health Administration Center (HAC). While there, he made a dream come true for one of the HAC's employees by stopping in to say hello to Connie Tally, an eligibility and enrollment trainer and self-described "Super-Duper John Elway fan." Tally, who has worked for VA for 29 years (10 at the Denver VAMC and 19 at the HAC), said of the experience, "It was a memory-maker for all of the years I spent here at the HAC. It was such an honor to meet Mr. Elway, a person who exhibits the same ethics that the VA has stood for all these years."

A big contract for a veteran-owned small business Metropolitan Enterprises Inc., owner Tony Jacobs has finally broken into the federal contracting business. His construction business was granted an 8(a) certification from the Small Business Administration in 1999 because it is a service-disabled, veteran-owned business. The certification allows him to compete for federal contracts as a small disadvantaged business located in Waldorf, Md.

In 2003, Jacobs sought business counseling from Tyrone

Lassiter of VA's Center for Veterans Enterprise. The center promotes business ownership and expansion for veterans through a variety of free products and services. Lassiter and Jacobs discussed ways in which a small disadvantaged business could build a facility as the prime contractor instead of subcontracting with a huge corporation. Small businesses such as Jacobs' generally cannot obtain the amount of surety bonds needed to cover the construction of an entire VA complex. The SBA can only guarantee bonds for contracts up to \$2 million.

Lassiter set up a meeting between Jacobs and the owner of CCI Inc., an Alaska-based general contracting company on the lookout for a partner. The two companies formed VETCON 1, which stands for Veteran Construction, and were awarded a \$31 million contract on Oct. 23, 2006, to build a VA facility in Menlo Park, Calif. The facility is one of four nationwide polytrauma centers. [VA](#)

'History lessons' while you wait

Veterans visiting the Louisville, Ky., VA Regional Office now receive a free "history lesson" while waiting for their public contact representative. In collaboration with the Kentucky Historical Society, the Louisville VARO has begun to display museum-quality exhibitions in a main lobby area. These exhibitions focus on historical events, places and people relating to the military and veteran community of the Commonwealth of Kentucky.

This program was initiated as a way of making the office lobby more visually inviting for visiting veterans and to provide

an environment that demonstrates and reflects the regional office's appreciation for the veterans they serve and their contributions to both the nation and the Commonwealth



Lobby exhibits at the Louisville, Ky., VA Regional Office offer a free history lesson to veterans and other visitors.

of Kentucky. Beginning in January, the office has featured "Lewis & Clark: Kentuckians and the Corps of Discovery" and "Civil War in Kentucky." Future exhibitions planned include "Praise the Lord & Pass the Ammunition," "Images of Liberty," and "Kentucky Colors: Flags of the Civil War."

Honored for helping evacuees

Bruce A. Gordon, director of the Central Texas Veterans Health Care System, received the American Hospital Association's Health Care Executive Award for Excellence for overseeing area efforts to house hurricane evacuees at VA facilities in Waco and Marlin in 2005. The award was presented on March 22 during the American College of Healthcare Executives Congress in New Orleans. Each year the award is presented to one recipient for significant leadership or innovative achievement, and Gordon's use of empty VA buildings to shelter hurricane victims and their families struck association members as innovative.



Gordon

At the height of the crisis, the Waco VA Medical Center housed 450 evacuees of hurricanes Katrina and Rita while a mostly closed-down facility in Marlin sheltered another 150. Gordon dismissed the idea that he was solely responsible for the facilities' success. "This is actually the accomplishment of everyone at the Central Texas Veterans Health Care System," Gordon said. "The employees stepped forward with enthusiasm, energy and dedication to care for people who had suffered in these tragedies. They gave them care, provided them a home, and restored their sense of safety and dignity. I am very proud of all of them."

Six registered nurses from the **Ralph H. Johnson VA Medical Center** in **Charleston, S.C.**, and five registered nurses from the **William Jennings Bryan Dorn VA Medical Center** in **Columbia, S.C.**, received the Palmetto Gold Award for their excellence in the nursing profession. The 6th annual Palmetto Gold Gala was held April 21 in Columbia. Honorees from Charleston included Patricia Harvin, Sara Tyler, Charlene Pope, Claudia Cohen, Brenda Flanigan-Tyson and Susan Caulder. Honorees from Columbia included Jean Hooper, Debbie Herman, Teresa

Arrison, Danette Wood and K. Sue Haddock. The South Carolina Nursing Foundation presents the award each year to recognize 100 nurses who exemplify excellence in nursing practice and commitment to the profession. Harvin is a staff nurse. Tyler is nurse manager for two primary care teams. Pope is the assistant nurse executive for research. Cohen is head nurse and geriatric and extended care home care coordinator. Flanigan-Tyson is the associate nurse executive for education and resources. Caulder is a research coordinator. Hooper is director of quality manage-

ment. Herman is associate director of patient/nursing services. Arrison is head nurse for the surgical intensive care unit. Wood is nurse manager of the community-based outpatient clinics. Haddock is interim associate chief of staff for research.

Louise C. Walter, M.D., staff physician at the **San Francisco VA Medical Center**, has been selected as Outstanding Junior Investigator of the Year by the Society of General Internal Medicine (SGIM). The award provides national recognition to SGIM junior investigators whose early career achievements and overall bodies of work to date have had a national impact on research in general medicine. "I am very honored that I was chosen for this award by SGIM, an organization that has stimulated and enriched my research, teaching and clinical experiences since I was a resident," said Walter, whose specialty is geriatrics. The award was presented at the SGIM 30th Annual Meeting held in Toronto in May.

Henry L. Lew, M.D., Ph.D., staff physician at the **VA Palo Alto, Calif., Health Care System**, has been named recipient of the 2007 Young Academician Award by the Association of Academic Physiatrists. The award honors an academic physiatrist who has demonstrated outstanding performance in the areas of teaching, research and/or administration. The nominee must have an academic rank of associate professor or lower. Lew is also a clinical associate professor at Stanford University School of Medicine. To date, he has published 50 scientific articles, five book chapters, and has been awarded four federal grants. Clinically, Lew dedicates the majority of his time to caring for

wounded soldiers, especially those who were injured in the current wars. His research focuses on various deficits related to traumatic brain injury and musculoskeletal disorders, as well as improving the quality of care received by the veterans and servicemembers.

For the fourth consecutive year, a **Bronx VA Medical Center** staff member has been selected as winner of the New York Federal Executive Board's Distinguished Government Service Award. **Dr. Julia A. Golier**, medical director for the post-traumatic stress disorder clinic, is this year's award winner for the New York Region's only annual all federal agency competitive employee recognition award program. Golier's experience as a medical doctor serving the veterans of the first Gulf War nearly two decades ago taught her that early and sustained treatment of veterans provides the best hope that they can be cured rather than maintained indefinitely on drugs, psychotherapy, or a combination. Motivated to make this a reality for veterans at the Bronx VAMC, she procured independent funding outside of the normal budget process for program enhancements. These enhancements have allowed her and her team to implement a variety of effective, specialized treatments that have been made available in time to address more fully the mental health needs of returning war veterans from Iraq and Afghanistan. Golier and her team have effectively eliminated treatment delays, increased overall clinical capacity, and improved treatment outcomes of veterans suffering from PTSD.

Susan P. Bowers, director of the **Richard L. Roudebush VA Medical Center** in **Indianapolis**, has been awarded the

2006 William A. Nelson Award for Excellence in Health Care Ethics by the VA National Center for Ethics in Health Care. The award was established to recognize Veterans Health Administration employees whose careers exhibit the highest standards of excellence, dedication and accomplishment in the field of health care ethics. The award is named for William A. Nelson, Ph.D., who retired from VA in 2003 after 30 years of federal service. As chair of the VISN 11 Corporate Ethics Board, Bowers has been an important voice for ethics in health care leadership, including developing the VISN 11 Framework for Ethical Decision Making and VISN policies on ethics consultation. In addition, Bowers has developed leadership training programs with an ethics focus for VISN 11, VA's Health Care Leadership Insti-

tute, and the National New Service Chief Training.

A VA employee and volunteer were honored recently by Coach Rick Pitino and the Boston Celtics as "Heroes Among Us." The program honors members of the community for their exemplary efforts and invaluable contributions to the community. **Ralph Marche**, chief of Voluntary Service at the **VA Boston Healthcare System**, and **Anthony Santilli**, a VA Boston volunteer and Marine Corps veteran, joined forces 10 years ago to create the New England Winter Sports Clinic for Disabled Veterans. Every January, this weeklong event brings together more than 100 volunteers to help disabled veterans enjoy skiing and snowboarding despite their disabilities. Hundreds of disabled veterans have experienced the joys of winter sports because of the work of

Marche and Santilli. The two were recognized at center court during a Boston Celtics game on March 4.

Four teams were recognized for taking a creative approach to design during the VA National Patient Safety Managers Conference held in March in Arlington, Va. VA patient safety professionals from around the nation had been invited to participate in the fiscal year 2006 **Patient Safety Design Challenge**, a voluntary program that allowed them the opportunity to have a positive impact on medical equipment and physical plant design. The winner of the challenge was a team from the **Alexandria, La., VA Medical Center**. The team modified a vertical evacuation device, the EvacuSled, in order to facilitate patient evacuations. During Hurricane Katrina, hospital staff discovered that the EvacuSled was not compatible with all five hospital bed types at the facility. Staff convinced the vendors to modify the design of the EvacuSled. Honorable mention was given to three teams from the following facilities: the Coatesville, Pa., VAMC; the Malcom Randall VAMC in Gainesville, Fla.; and the Tuscaloosa, Ala., VAMC.

Francis H. Gannon, M.D., a staff physician with the **Michael E. DeBakey VA Medical Center in Houston**, received a Department of Defense award recently for his role in the testing and evaluation of a key piece of battlefield equipment worn by U.S. troops during Operation Enduring Freedom and Operation Iraqi Freedom. The new lightweight protective vest, known as "Interceptor Body Armor," is a modular, multiple-threat body armor composed of ergonomically de-

signed front and back plates and an outer tactical vest. The vest weighs 8.4 pounds without plates and protects against fragmentation and 9 mm rounds. The small arms protective insert plates can withstand multiple small arms hits. The weight of the total system is 16.4 pounds. "The goal of the study was to evaluate what was then the current body armor worn into combat as to its efficacy," said Gannon. "With new testing approaches, we determined the armor being fielded was inadequate to effectively protect the fighting man or woman. We tested several other types of hybrid body armors and selected the one that stopped almost all of the direct ballistic impacts that had previously resulted in death."

The Industry Advisory Council, a nonprofit educational organization established to assist government in acquiring and using information technology resources effectively and efficiently, selected the VA health care and benefits Web portal **MyHealth eVet** as one of the top five winners of its Excellence.Gov award for using innovative technology to more effectively achieve mission objectives. A 23-judge panel made its selection after reviewing 115 entries and evaluating each on the following criteria: clearly articulated means of collaboration enabled by technology; use of innovative information technology to support the objectives of collaborating organizations and federal strategic goals and objectives; demonstrable efficiency gains, cost advantages, or superiority over previous methods of collaboration, supported by metrics; and a sound approach to addressing security and privacy of data. MyHealth eVet is at www.myhealth.va.gov. VA

Society honors for physician



Carnes

Molly Carnes, M.D., director of the Women Veterans Health Program at the **William S. Middleton Memorial Veterans Hospital in Madison, Wis.**, received the Gerontological Society of America's 2006 **Joseph T. Freeman Award**. The honor is presented annually as a lectureship in geriatrics and is awarded to a prominent physician in the field of aging—both in research and

practice—who is a member of the society's Clinical Medicine section. In addition to her work with VA, she is a professor at the University of Wisconsin School of Medicine and Public Health. For the past decade, Carnes has focused her efforts on increasing the gender and ethnic/racial diversity of leadership in academic medicine, science and engineering.



EchoTaps Worldwide

More than 2,000 volunteer brass players performed the 24 notes of taps on May 19, Armed Forces Day, at 11 a.m. local time, at veterans cemeteries and some U.S. military cemeteries overseas. Organized by VA and Bugles Across America, EchoTaps Worldwide honored veterans at almost all VA national cemeteries and state veterans cemeteries, National Park Service cemeteries and four American Battle Monuments Commission overseas cemeteries. Organizers hoped the event would interest brass players in volunteering to perform taps at military funerals of veterans year-round. Musicians formed lines through the cemeteries and performed a cascading version of taps. LaQuisha Barnes, a program specialist with the National Cemetery Administration, and Louis Wingfield, a contract specialist with NCA, played at the National Park Service's Battleground National Cemetery in Washington, D.C.