

Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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Views expressed are not necessarily those of the Department of Defense. The appearance of external hyperlinks does not constitute endorsement by the Department of Defense of the linked websites, or the information, products or services contained therein.

Quarterly Highlight

The Psychological Health Clinical Standards of Care Directorate

Mission: The directorate's mission is to promote optimal clinical practice standards to maximize the psychological health of warriors and their families.

The directorate establishes and maintains a consistent standard of excellence across the Military Health System (MHS) for psychological health treatment and disseminates clinical practice recommendations to support MHS for implementation.



Psychological Health Clinical Standards of Care directorate
DCoE photo by Chris Kim

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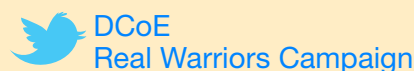
Please don't forget to complete our ICE Survey!

About the Quarterly Newsletter

The Military TBI Case Management Quarterly Newsletter is published by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The quarterly newsletter is intended for case managers and other providers who support warriors with traumatic brain injury (TBI) and their families. Additionally, this quarterly newsletter is not intended to make more work for anyone, but to offer a means to share ideas, best practices and resources among the military TBI case management community.

The content will speak to the very best of TBI case management with the hopes of identifying and sharing best practices across the military.

Content suggestions, thoughts and ideas for future editions of quarterly newsletter can be sent to TBICM.Newsletter@tma.osd.mil.





Military TBI Case Management Quarterly Newsletter

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Letter from the Editor

Greetings to all Military TBI Case Management colleagues!

First, I hope you all had a wonderful holiday season and best wishes for a happy new year! Many thanks to each of you for your ongoing dedication and support for our nation's wounded warriors and their families.

Second, we have combined our Fall 2011 and Winter 2012 newsletter for this year. Unfortunately, I had a mishap (not doing anything special) which included a concussion and fractures, which necessitated some time off. I am well on the mend now and looking forward to the new year and new adventures (this time without a brace, sling or cast...!)

Finally, it hardly seems like an entire year has passed since the start of this newsletter. We started with nearly 200 direct names on a distribution list and as of now, this list has more than doubled. Thanks to several people on the distribution list who in turn, sent it to hundreds of others, we estimate that about 900 additional people receive the newsletter via email. The internet hits have grown by leaps and bounds, with currently more than 35,000 hits to date.

Our mission is to bring information to light about the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#) (DCoE) as well as centers such as [Defense and Veterans Brain Injury Center](#), [Deployment Health Clinical Center](#), and collaborating center, [National Intrepid Center of Excellence](#). Two additional collaborating centers, [Center for Deployment Psychology](#) and [Center for the Study of Traumatic Stress](#) will be featured in upcoming issues. We have also striven to highlight the excellent work being done at military treatment facilities such as Landstuhl Regional Medical Center and individual military case managers. Additionally, we provide various TBI resources, continuing education opportunities, brain injury awareness activities and information based on questions asked by those of you in the field.

Most important now, to continue this mission, is to find out what you all think about the newsletter: what are the positives and what areas can we improve? In this issue we have placed the familiar icon for the "ICE" user satisfaction survey tool on the first and last pages of this newsletter for you to submit feedback. In order to ensure we are providing information that is helpful to your practice, we need to hear from you. Please take a few minutes to complete the online survey to share your comments.

I'd like to extend a special thank you to all of the contributors over this past year, and to the DCoE staff who design and format this newsletter each quarter.

Thank you for taking the time to read and share the Military TBI CM Quarterly Newsletter and for supporting our service members each and every day.

All together now,

Sue Kennedy, RN BSN CCM

P.S. Please note we have a new email address for this newsletter! Please email me your thoughts, article suggestions or questions to: TBICM.Newsletter@tma.osd.mil



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Quarterly Highlight

The Psychological Health Clinical Standards of Care Directorate

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The directorate is responsible for standardizing the use of evidence-based clinical practice recommendations and supporting state-of-the-art psychological health care. It also ensures consistent clinical support for patients with psychological health needs across the entire range of practice, from the battlefield to the MHS and beyond. This is accomplished by providing clinical practice recommendations, consultation and site visits, and resource support and guidance.

Psychological Health Clinical Standards of Care Directorate Staff

- **Cmdr. (Dr.) Meena Vythilingam**, director
- **Dr. Kate McGraw**, acting deputy director
- **Mrs. Jan Gonzaludo**, executive assistant
- **Ms. Mary Jane Pflug**, senior administrative assistant
- **Master Sgt. Laurie Wienclawski**, senior enlisted psychological health consultant
- **Mr. Yonatan Tyberg**, MSW, LCSW-C, health analyst
- **Capt. Dayami Liebenguth**, clinical psychologist
- **Dr. Miguel Roberts**, Clinical Guidelines Division chief
- **Mrs. Rosalie Fishman**, RN, MSN, certified professional healthcare quality
- **Dr. Sushma Jani**, psychiatric consultant for Clinical Recommendations division
- **Dr. Richard Sechrest**, clinical psychologist
- **Dr. Christopher Crowe**, senior veterans affairs advisor for psychological health

Accomplishments

- Congressional briefing on women warriors
- Report to Congress on barriers to treatment for post-traumatic stress disorder
- Created a process for evaluating clinical practice guidelines
- Contributed to Co-occurring Conditions Toolkit, Substance Use Disorder Toolkit and VA/DoD clinical practice guideline on chronic opioid treatment
- Wrote paper providing guidance and instruction on evidence based practice recognition and use, revamped internal concept submission processes, and led redesign of concept submission website

Current/Future Goals & Events

- Summary report on literature about mental health issues of active duty and veteran females
- Publishing an article on women's issues in the military
- Working with Defense and Veterans Comprehensive Integrative Pain Management on a possible collaboration related to management of chronic pain
- Writing an article to submit to the Journal of Clinical Epidemiology on using AGREE II to adapt a chronic pain guideline
- Consultation with senior enlisted behavioral health technicians on evidence-based practices
- VA/DoD clinical practice guideline for suicide prevention
- A paper regarding disparities in psychological health treatment/outcomes/prevention for minority populations in the military



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Spotlight

The Vision Center of Excellence

by Capt. Lee Shackelford, USPHS, (Introduction by Sue Kennedy, RN BSN CCM)

Introduction

Visual impairment as a result of traumatic brain injury is not an uncommon occurrence. A 2008 study by A.B. Thach and Associates published in the Journal of Ophthalmology, demonstrated that the most common cause of eye injuries was due to blast. A 2009 study by Henry L. Lew and Associates published in the Journal of Rehabilitation Research and Development, found that 34 percent of service members involved in OEF/OIF sustained visual impairment as a result of a blast injury and 32 percent sustained both hearing and visual impairments. Needless to say, as case managers assist these service members on their path to healing and reintegration, visual impairment presents an additional challenge to patients who may have cognitive or other physical impairments.



The **Vision Center of Excellence (VCE)** is the leading advocate of research and treatment for improved vision care and visual restorative innovations for service members. Working with TRICARE, Military Health System and other centers of excellence, VCE leads efforts to enhance collaboration between military and veteran eye care providers, provides guidance for clinical practice guidelines, and maximizes patient-centered support close to home, unit and family.

Our mission is to continuously improve the health and quality of life for members of the armed forces and veterans through advocacy and leadership in the development of initiatives focused on the prevention, diagnosis, mitigation, treatment, research and rehabilitation of disorders of the visual system.

For additional information, please go to: vce.health.mil

Or contact:

USPHS Capt. Lee Shackelford, DDS, MPA

Executive Officer

DoD/VA Vision Center of Excellence (VCE)

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Center for Neuroscience and Regenerative Medicine

by Miriam Masheeb, Study Recruitment Manager, Center for Neuroscience and Regenerative Medicine (CNRM) Uniformed Services University of the Health Sciences, The Henry M. Jackson Foundation for the Advancement of Military Medicine

The Center for Neuroscience and Regenerative Medicine (CNRM) continues to develop new approaches to brain injury diagnosis and recovery. In the two years since its inception, CNRM has become a catalyst for brain injury research and transformed the research interactions among federal agencies within the national capital area.

The center is a collaborative federal medical research program of the Uniformed Services University of the Health Sciences (USU) and the National Institutes of Health (NIH). Their research programs address the full spectrum of traumatic brain injury (TBI), with special focus on militarily relevant forms of brain injuries, including the concurrent development of post-traumatic stress disorder (PTSD) with TBI.

The CNRM's newly-acquired Biograph mMR is one of the first integrated whole-body simultaneous positron emission tomography (PET) and magnetic resonance imaging (MRI) devices. Director Dr. Regina Armstrong, notes: "A major challenge in the diagnosis and treatment of both military and civilian brain injury patients is the lack of sufficient tools to evaluate the type and extent of injury in a given patient. The DoD, through USU and CNRM, has supported development of this new tool of simultaneous PET/MRI at the NIH Clinical Center. We expect the NIH investigators have the expertise to take maximal advantage of this technology by designing novel neuroimaging protocols and molecular probes that can significantly improve how TBI research is performed."

There are 23 active clinical research studies with 17 recruiting TBI patients. These studies will help develop more effective assessments of TBI and PTSD,



The new whole-body simultaneous MRI/PET Biograph mMR machine is available to research participants at the National Institutes of Health Clinical Center. *National Institutes of Health photo by Ellen Crown*

improve brain imaging and test new treatment strategies. Most CNRM studies involve advanced brain scanning. One recently approved imaging study involves only a single, one-day visit to the NIH, and it is open to military and civilian participants who have sustained a TBI within the last five years. Experimental treatment studies include cognitive rehabilitation using a computer interface, balance therapy using an oral device, aerobic exercise therapy, bright light therapy and trans-cranial direct current stimulation.

A new study is enrolling focused on healthy service members who have returned from deployment to Iraq or Afghanistan within the last six weeks. The goal of the research is to identify objective predictors of PTSD and post-concussive syndrome, so service members who are at a higher risk of developing these conditions can be treated earlier, perhaps even before showing symptoms.

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Studies currently take place at multiple military and civilian sites, including WRNMMC, National Intrepid Center of Excellence, Joint Base Lewis-McCord, Fort Campbell, National Institutes of Health, Suburban Hospital and Washington Hospital Center. CNRM is actively seeking collaborative arrangements with military treatment facilities, units, deployment programs, and other military organizations around the country to support enrollment of service members and veterans.

For more information, visit www.usuhs.mil/cnrm/bicr/, email CNRMstudies@usuhs.mil, or call 855-TBI-CNRM (824-2676).

Update:

The National Intrepid Center of Excellence



Photo courtesy of NICoE

Inside the Office: Family Members and Care at the NICoE

The National Intrepid Center of Excellence (NICoE), an outpatient facility at the new Walter Reed National Military Medical Center, provides intensive evaluation and treatment planning to service members experiencing traumatic brain injury and psychological health conditions. In the last newsletter we highlighted the center's facilities, interdisciplinary care model and their various complementary and alternative modalities that combine with traditional therapies.

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The NICoE, while dependent on its high-tech facilities and team-based medical approach, relies on so much more. Its “high-touch” philosophy emphasizes the importance of interaction among clinicians, service members and families. The organization welcomes families to accompany service members to appointments throughout their two-to-three week stay in Bethesda, Md., encouraging participation from each family member. The center and team of clinicians understand the important role that families play in a service member’s recovery, and simultaneously the effects that TBI and psychological health conditions can have on the entire family.

Army Staff Sgt. Allen Hill recently received treatment at the NICoE. Throughout the stay, his wife Gina, the blogger behind *The Invisible Wounded*, was by his side. She accompanied him on appointments and to various alternative therapies, such as art therapy and acupuncture. When asked about how his wife’s presence affected his experience at the NICoE, Allen said, “I prefer my wife be there — it’s easier to hear it once then to repeat it or have to try and remember it. ... We can talk about it offline, figure out a plan of action and then move on. It’s simple. It’s a sweet method, and we’ve got it down pat.”

“I think it’s always helpful for both of us to hear it,” Gina said, in reference to attending appointments with her husband and listening to the clinicians’ counsel. “You know, different people hear different things in the same conversation. I think it’s really good that we are both there to hear it.”

Gina wasn’t the only family member at the appointments. “Being here with my service dog, Frankie, has been great,” Allen said with a smile. “She fills in the gaps between Gina and me. When Gina isn’t around for me to lean on, I can lean on her.”

After a second, his smile is gone. In a moment of open and total honesty, Allen says, “In a nutshell, without my wife and my service dog, I wouldn’t have come.”

If you have questions, please email NICoE at nicoe@med.navy.mil or call 301-319-3620.

To download a patient referral form, click [here](#) and fax it to 301-319-3700.



Army Staff Sgt. Allen Hill and his wife, Gina, at home in Kansas with their sons and Hill’s service dog, Frankie. The couple was impressed by the way evaluation and treatment began on their first day at the NICoE, as Hill’s four-year battle with headaches ceased after an effective acupuncture treatment. On her last day at the center, Gina said, “We leave with such a sense of hope.” *Courtesy photo*

The Hill family was selected to receive a new house
on ABC’s “**Extreme Makeover: Home Edition.**”

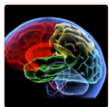
The two-hour special aired on Nov. 4.

Read about their experience on Gina’s blog.

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New Resources and an Opportunity to Contribute!



Mild TBI Pocket Guide Now Available on iPhone!

iOS version screenshots (for iPhone and iPad)



Military TBI Case Management National Resource Fact Sheet

DCoE recently released the first in a series of five fact sheets focused on resources for military TBI case managers. You can download this first one entitled “[Military TBI Case Management National Resource Fact Sheet](#)” at no cost from the DCoE website.

This fact sheet was developed in collaboration with the Defense and Veterans Brain Injury Center, Federal Recovery Care Coordination Program and service representatives. DCoE recognizes that case managers need a wide variety of resources available in different media to be able to support wounded service members and their families.

Future fact sheets will reflect clinical and informational TBI resources in the three TRICARE regions of CONUS and one for resources OCONUS. Categories of resources being collected are: TBI acute inpatient services (Military or TRICARE contracted), TBI outpatient services (Military or TRICARE contracted) and military community support services for TBI affected service members and their families. Case managers are invited to suggest resources they would like to see included from their respective regions. Please email your suggestions to: TBICM.Newsletter@tma.osd.mil.

Resource	Website	Phone
Army Reserve Warrior and Family Assistance Center	www.arfp.org/skins/ARFP/home.aspx	869 345-8248
Army Medical Evaluation Boards and Physical Evaluation Boards-Warrior Transition Command Clinical Support Division	wic.army.mil/boards/medical_board.html	(703) 525-0526
Army-Community Based Warrior Transition Units	www.wtc.army.mil/about_us/ku.html	(703) 325-0368
National Guard Bureau Psychological Health Programs	www.guideforcasemanager.org/PDF/Health.aspx	(804) 854-2728 (Virginia) Check website for other locations phone numbers
Army Warrior Transition Command (Army Wounded Warrior/WW2)	www.wtc.army.mil/	Nationwide (toll-free): (877) 955-0058 Overseas DSN: (312) 221-9113
Wounded Soldier and Family Helpline	www.wtc.army.mil/wounded-soldier.html	Toll-free: (800) 364-8322 Overseas DSN: (312) 421-3700 (Outside US) DSN: 421-3700
Army One Source/Military One Source	www.militaryonesource.com/MOS/Army.aspx?NRRole=Members&Branch=Army&Component=Active	Toll-Free: (800) 342-9647 En español llame al: (877) 968-0727 TTY/TDD: (888) 807-6794
Army Long Term Family Case Management	www.cofm.afg/	(703) 429-0000 Toll-Free: (866) 878-6876 DSN: 328-0000 DSN: 221-7305
Army Casualty Assistance	https://www.hrc.army.mil/site/active/hq/cmaoc/cmaoc.htm	Main Branch: (502) 613-9025 DSN: 983-9025
Soldier Family Assistance Center	sfac.army.mil/Army.sfac.html	(800) 964-8526 - 24/7 (toll-free) (800) 546-1310, (502) 782-2071
Marine Corps Wounded Warrior Regiment	www.woundedwarriorregiment.org/	(877) 487-6299
Naval Coast Guard Sailor Helpline	www.public.navy.mil/napages-ops/opsandhubs_hubs/Pages/Health.aspx	(877) 748-0583
Navy Fleet and Family Services	www.cnic.navy.mil/CNIC_HQ_Site/WhatWeDo/FleetAndFamily/Readings/Family/Readings/FleetAndFamily/SupportProgram/index.htm	(619) 556-1011 (San Diego) Check website for other locations phone numbers
Marine Corps-Military One Source	www.militaryonesource.com/MOS/MarineCorps.aspx	(800) 542-9347 - 24/7
Navy-Military One Source	www.militaryonesource.com/MOS/Navy.aspx	(800) 342-9647 - 24/7
Samper FI Fund	www.companions.org/	(703) 725-9880 (Special Forces Samper FI Fund) (703) 640-0781
U.S. Marine Casualty Assistance	https://www.manpower.usmc.mil/portal/page/portal/MAR_HOME/MR_OLD/PERSONNEL/Casualty	Comm: (703) 784-9512 DSN: 278-9512 Toll-Free: (800) 847-1597
Navy Casualty Assistance	http://www.public.navy.mil/napages-ops/opsandhubs_hubs/Pages/Health.aspx	Toll-Free: (800) 989-5002 Comm: (817) 874-5281 DSN: 852-2501
Air Force Wounded Warrior Program	www.woundedwarrior.af.mil/	(800) 581-9437
Air Force-Military One Source	www.militaryonesource.com/MOS/AirForce.aspx	(800) 542-9347 - 24/7
Air Force Suicide Prevention: Wingman Project	www.af.mil/accdeprevention.asp	(800) 273-1ALK (8255)

2945 Crystal Drive ★ Crystal Park 4, Suite 120 ★ Arlington, Virginia 22202 ★ 800-510-7097
1835 East West Highway ★ 8th Floor, Suite 1000 ★ Silver Spring, Maryland 20910 ★ 301-955-9257
www.dcoe.health.mil ★ Outreach Center: 866-669-1020 ★ www.dsvwarriors.org ★ www.nalidaphysiatry.com

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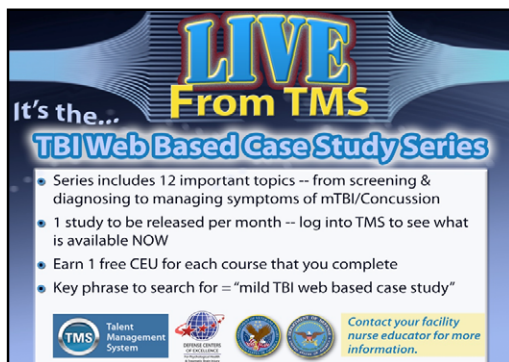
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Continuing Education, Conferences and Events

VA Learning University Now Includes Two of the Mild TBI Web-based Case Studies

- Assessing the Individual with Persistent Symptoms
- Screening and Diagnosis

To access these studies, go to www.valu.va.gov



New on MHS Learn

To see the list of Web-based case studies available, click [here](#).

To log on to MHS learn:
<https://mhslearn.csd.disa.mil>

Center for Deployment Psychology Announces New Continuing Education Offerings

- Check out the mild TBI learning module at www.deploymentpsych.org
- For those who are not seeking CE credit, all modules are free. For those who need CE credits, these are available for a fee and through a partner website link to Essential Learning at www.cequick.com
- Please note that psychologist (APA) CEU/CME credits will be available June 2012

Warrior Resilience Conference IV

- March 29-30, 2012
999 Ninth St. NW, Washington D.C.
- Registration is open. Find conference details [here](#)

19th ACMA Annual Case Management Conference

- April 26-29, 2012
Denver, Colo.
- Conference website: www.acmaweb.org

Brain Injury Association of Maryland Annual Conference

- April 19-20, 2012
Crowne Plaza Hotel, Timonium, Md.
- **Chris Nowinski**, of the [Sports Legacy Institute](#), will be the opening keynote speaker on April 19
- The [Call for Presentations](#) for submitting proposals is now available on their website

Brain Injury Association of America

Webinars are available live and are recorded. You can purchase a CD of past webinars from the [bookstore](#). Visit www.biausa.org for a complete listing.

September webinars included:

- **Double Whammy:** Managing Brain Injury and Severe Mental Illness after Rehabilitation — Caregivers Education Seminar
- **David Strauss Memorial Lecture:** Hypoxic-Ischemic Brain Injury

October webinars included:

- **Suicide and TBI**
- **Adolescent TBI**



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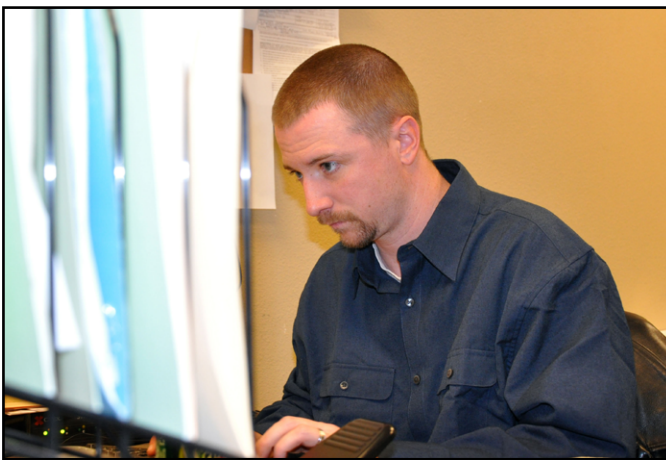


The goal of the Yellow Ribbon Reintegration Program is to prepare soldiers and families for mobilization, sustain families during mobilization, and reintegrate soldiers with their families, communities and employers upon post-deployment. For more information about scheduled events, [click here](#).

Employer Support of Guard and Reserve



The national committee for [Employer Support of the Guard and Reserve](#) (ESGR) was chartered by DoD to interface between civilian soldiers and civilian employers. Their mission is to gain and maintain active support from all public and private employers for the men and women of the National Guard and reserve as defined by demonstrated employer commitment to employee military service. For more information and resources for employers and Guard and reserve members, visit www.esgr.org.



Erik Shaw has worked for the U.S. Army Space and Missile Defense Command/Army Forces Strategic Command as a civilian for seven months, but has served in the Army Reserves for 10 years.

Photo by Rachel Griffith (USASMD/ARSTRAT)

Update: Case Management Society of America (CMSA)

Have you tried the new online version of CMSA Today™?

by Sue Kennedy, RN BSN CCM

Time is of the essence in all of our daily lives. Being able to keep up with the fast moving pace of new case management information might just qualify as an Olympic event. One of the tools I find helpful, since I am on the computer much of my day, is the new online version of CMSA Today™ magazine. Features include quick access, ability to increase font, quickly move from page to page and of course, very relevant content. I encourage all case managers to check it out at www.cmsa.org.

Upcoming event

- 22nd Annual CMSA Conference
- June 19-22, 2012
San Francisco, Calif.

Helpful links

- [National Transitions of Care Coalition](#) has a new Transitions of Care Compendium, resources and tools to assist in learning about transitions of care
- Read about the new “[Transitions of Care Credential](#)” to be released January 2012
- [Educational Resources Library](#) offers more than 80 clinical courses in several media formats with CEUs offered

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Question from the Field

by Bobbi Hillen, Vision Center of Excellence

Q: What resources are available to military TBI patients with visual impairment?

A: VA's Blind Rehabilitation Service (BRS)

The Department of Veterans Affairs (VA) provides blind and vision rehabilitation programs that target veterans and service members who are visually impaired. The BRS continuum of care provides capacity to serve a growing number of military members returning from Iraq and Afghanistan with wounds and trauma that result in blindness and visual impairment.

Blind Rehabilitation Service's Integrated Model of Care

VA's BRS provides a model of care that extends from the veteran's home to the local VA care site and regional low vision clinics, and lodger and inpatient training programs encompassing an array of alternative rehabilitative services. Veterans and service members may be provided care in several components:

- **44 Intermediate and Advanced Low Vision Clinics:** When basic low-vision services available at all VA eye clinics are no longer sufficient, intermediate and advanced low vision clinics provide clinical examinations, a full spectrum of vision-enhancing devices and specialized training in visual perceptual and visual motor skills.
- **13 Vision Impairment Service in Outpatient Rehabilitation (VISOR) Programs:** VISOR provides short-term (about two weeks) blind and vision rehabilitation for veterans and service members. They provide overnight accommodations to those who are visually impaired and require temporary lodging. Veterans and service members who attend the program must be able to perform basic activities of daily living independently, including the ability to self-medicate.
- **Visual Impairment Services Teams (VIST):** VIST coordinators are case managers of teams in each medical center who have responsibility for the coordination of services for severely visually impaired veterans, service members and their families.



Capt. Scott Smiley, with his wife Tiffany, has not allowed his blindness to end his aspirations to serve his country as a soldier. Named the Army Times 2007 Soldier of the Year, Smiley lost his eyesight in a suicide bomber explosion while patrolling the streets of Mosul, Iraq, in 2005. The West Point graduate has continued his Army career and will soon be teaching leadership classes at his alma mater. *U.S. Army photo by Kari Hawkins, Redstone Rocket*



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- **77 Blind Rehab Outpatient Specialists (BROS):** BROS are multi-skilled professionals who provide direct rehabilitation care. They serve veterans and service members in their homes, VA medical centers or clinics, colleges or universities, work sites, and long-term care environments.
- **13 Inpatient Blind Rehabilitation Centers (BRCs):** The inpatient BRCs provide the most intense and in-depth rehabilitation to severely disabled blind veterans and service members. Comprehensive, individualized blind rehabilitation services are provided in an inpatient VA medical center environment by a multidisciplinary team of rehabilitation specialists.



U.S. Army photo by Joyce O'Donnell

Technology and Guide Dogs in Blind Rehabilitation Service

Veterans and service members are provided with the technology they need to regain their independence and return to full and active lives. BRS issued blind and low-vision technology to veterans and service members in FY2008 through VA Prosthetics Service. While BRS does not provide guide dogs, they work with outside agencies that do.

Family Centered Care: Families are Part of the Rehabilitation Team

BRS is committed to providing compassionate family-centered care. Families are valued members of the interdisciplinary treatment team. They provide a unique perspective on the history, values and goals of the individual and are critical partners in the adjustment and rehabilitation process.

For further information about this service, please contact Director Gale Watson at 202-461-7355 or Gale.Watson@va.gov. You can also contact Bobbi Hillen at 202-297-1316 or Bobbi.Hillen@va.gov. Visit our website: www1.va.gov/blindrehab/.