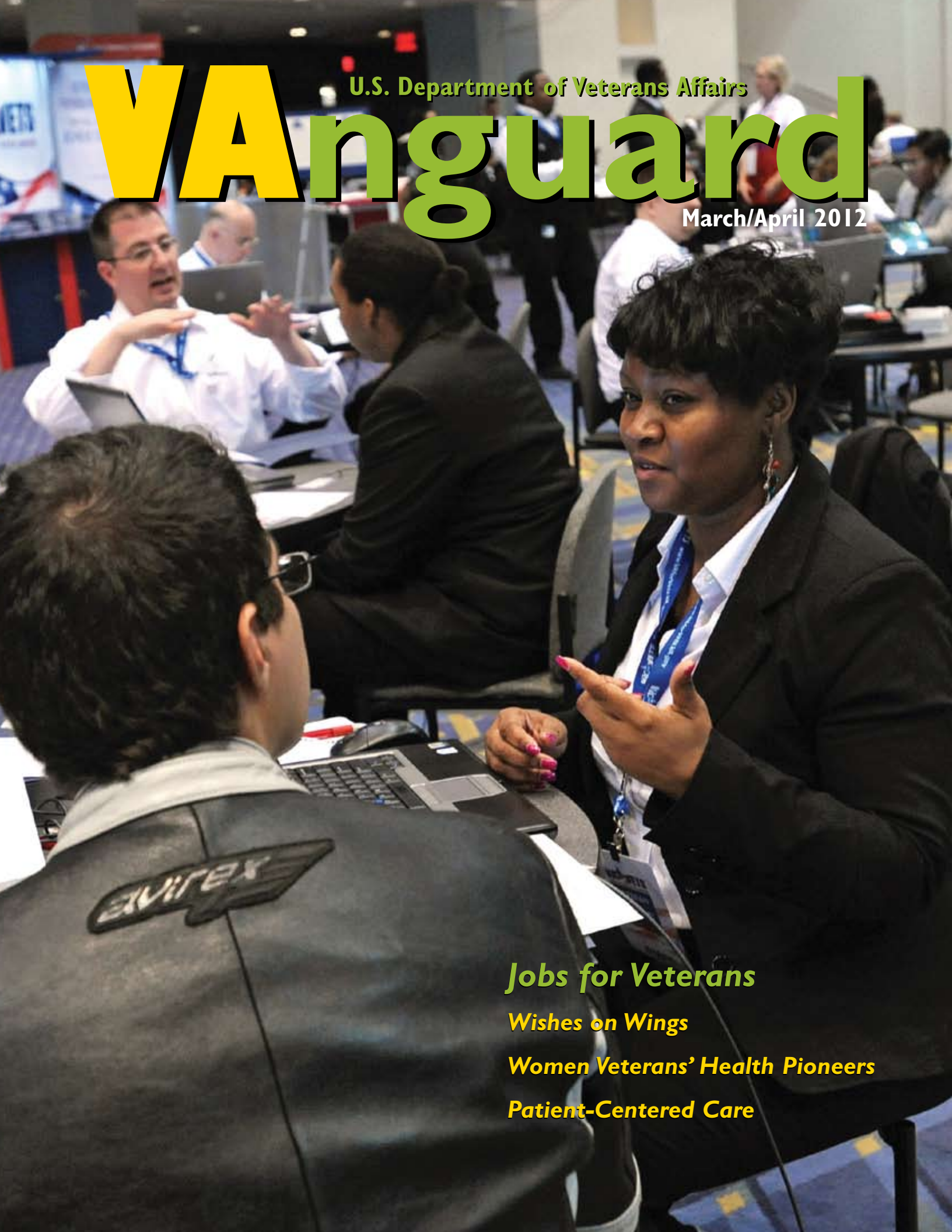


U.S. Department of Veterans Affairs

# VAanguard

March/April 2012



*Jobs for Veterans*

*Wishes on Wings*

*Women Veterans' Health Pioneers*

*Patient-Centered Care*



6



13



22



## Vanguard

VA's Employee Magazine  
March/April 2012  
Vol. LVIII, No. 2

Editor: Lisa Gaegler  
Assistant Editor/Senior Writer: Gary Hicks  
Photo Editor: Robert Turtill  
Staff Writer: Amanda Neumann

Published by the Office of Public Affairs (80D)

U.S. Department of Veterans Affairs  
810 Vermont Ave., N.W.  
Washington, D.C. 20420  
(202) 461-7427  
E-mail: [vanguard@va.gov](mailto:vanguard@va.gov)  
[www.va.gov/opa/publications/vanguard.asp](http://www.va.gov/opa/publications/vanguard.asp)

## Features

<b>Wind Beneath Their Wings</b>	<b>6</b>
W.O.W. program eases end-of-life transition for Fargo Veterans	
<b>Pioneers of Women Veterans' Health</b>	<b>8</b>
First in a three-part series on the history of the women's health program	
<b>New Mantra: Treat the Patient, Not the Disease</b>	<b>11</b>
VA transitions to a patient-centered model of care	
<b>Racing to Contain a Chickenpox Outbreak</b>	<b>13</b>
Planning, expertise and leadership help stop the spread in San Juan	
<b>A Nucleus of Assistance</b>	<b>15</b>
VA takes services directly to homeless Veterans in Denver	
<b>Learning How to Reconnect</b>	<b>17</b>
VA is offering marriage retreats for returning Veterans	
<b>Quiet Please: Veterans Healing</b>	<b>19</b>
What one VA health care network is doing about hospital noise	
<b>Putting Veterans to Work</b>	<b>20</b>
VA is committed to helping Veterans find employment	
<b>ReDefining Lives, One Veteran at a Time</b>	<b>22</b>
Challenging Veterans to ReDefine their lives through adaptive sports	
<b>A Tighter Bond: Snowboarder's Version</b>	<b>24</b>
When Cory See lost his leg, he thought his snowboarding days were over	

## Departments

<b>3</b>	<b>Feedback</b>	<b>33</b>	<b>Have You Heard</b>
<b>4</b>	<b>News You Can Use</b>	<b>36</b>	<b>Honors</b>
<b>26</b>	<b>Around Headquarters</b>	<b>39</b>	<b>Heroes</b>
<b>29</b>	<b>Introducing</b>	<b>40</b>	<b>National Salute</b>
<b>30</b>	<b>Medical Advances</b>		



### On the cover

Sherika Lovett, a career coach with the VA for Vets program, meets with a Veteran at a career fair held in January at the Walter E. Washington Convention Center in Washington, D.C. More than 4,000 Veterans attended the job fair, and about 2,600 participated in interviews with public and private employers. The D.C. fair is the model for similar events around the country to expand employment opportunities for Veterans. *photo by Robert Turtill*



**Here's to the Heroes**

Sometimes we are put in situations we don't want to be in. Growing up I was told not to speak with a Veteran about his service, that many were not interested in speaking about the things they had done and seen. For my first 21 years of life, that was the situation I found myself in.

My parents own a business with a high percentage of clients who are Veterans, so I learned to talk about other things when speaking with them, something that was not difficult with this population. Many had interests that mirrored my own, like traveling, cars and adventure. My outlook on the Veteran population was that they were an interesting bunch of guys, with some fun hobbies.

It was when I got my nursing assistant license and began working in an Alzheimer's assisted living facility that I met a gentleman who was a Veteran. His room was filled with photos of himself in World War II, where he served as a pilot on the famous B-17. He looked rugged in the photos, he looked young, he looked the same way I imagined myself.

He was married to his high school sweetheart and she would stop by every day for a visit and was always excited to tell stories of her "war hero." The man would listen intently, too; his condition was advanced enough that many of these stories were news to him.

What touched me in dealing with this gentleman was that he helped write a chapter in history for this country, and here he needed my assistance to perform his basic needs. It was an honor to assist him. I appreciated the short time I spent in his company while taking my prerequisites for nursing school. He opened my

heart to the Veteran population and withdrew any stigmas I had. In retrospect, he opened the door to my future work with this special population.

Once nursing school began, I again found myself working with Veterans. I applied and was accepted to the VA Learning Opportunities Residency, or VALOR, program. On the first day of orientation, I was assigned to the Alzheimer's unit at the Danville (Ill.) VA Medical Center. To be honest, I wasn't thrilled. Others had received more prestigious assignments in acute care settings; they were going to get to use the "real" skills nurses use.

I made my way to my assigned unit on the far side of campus, in a building that has been partially shut down to a ward housing 15-20 Veterans in various stages of Alzheimer's. I told myself that this was a temporary assignment and that I should look at it as an opportunity.

The first week was difficult as I adjusted to the seemingly slow process of assessment, reassessment and charting that seemed to occupy my days. My patient contact that first week was minimal as I learned the system, but slowly I was able to make my way onto the unit and meet some of "the guys." My perspective changed immediately. I thought back to that Veteran I had met before and the joy I felt getting to serve him.

I was getting to meet people involved in World War II, Korea and Vietnam. More shocking for me was that they were willing to talk about their time in the service; in fact, many of them seemed to want to talk about their experiences. I was hearing first hand about events that I had only read about, and the stories were told with such emotion. Some

of the Veterans remembered every detail about their service, while others only remembered the idea or concept of what they were involved in.

After that first week, I found myself talking with them as I helped them. I found myself making friends with them and their families. These men already considered each other brothers and I was suddenly allowed a glimpse into their world.

During my internship, I tried reflecting on my feelings toward these Veterans. I knew that they were heroes, I knew they had incredible stories, I knew many were starting to see that their time was coming to an end. Many of them told stories that were full of pain. Some were uncomfortable to hear, but I listened.

I realized that for many of these men, telling me their stories while I helped them might be the last opportunity they had to share their part in the history they helped create. As the summer came to an end, it was time for me to return to school. I felt sad at the thought of leaving the unit I was working on, but am thankful for the time I spent with these men, these heroes.

*Rhys Haydon*  
**National Student Nurses Association**  
**Board of Directors**  
**Danville, Ill.**

**VA Alumni Association**

On behalf of the Executive Board and members of the VA Alumni Association, I would like to express my appreciation for including the comprehensive article on our Association written by Chris Scheer in the January/February issue. The positive article in *Vanguard* will help to promote the goals of the Association and encourage membership from VA retirees, particularly those in the

Washington, D.C., area.

We are grateful for your support and for your willingness to help tell our story. A special note of thanks to Robert Turtill, who attended our Holiday Luncheon to take photographs for the article. Please know that your support is greatly appreciated.

*Jim W. Delgado*  
**President**  
**VA Alumni Association**

**A 'Hub' for Veterans**

The Fall 2011 issue of *Vanguard* is most informative and good reading. However, as a disabled Veteran I thought how nice it would be if the Charlie Norwood VA Medical Center in Augusta, Ga., was featured in your magazine.

The Charlie Norwood VAMC is not just another hospital; it is the "hub" for many types of Veterans: amputees, burn victims, and physically disabled, both ambulatory and those unable to walk. This hospital's outpatient system is without a doubt the best in the country. The director and staff are to be commended for their impeccable record of excellence.

So I respectfully request that the Charlie Norwood VAMC be featured in a future issue of *Vanguard* magazine.

*Joseph Diggs Sr.*  
**Disabled Army Veteran**

**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](mailto:vanguard@va.gov). Include your name, title and facility. We may need to edit your letter for length or clarity.

# CRISP Made Simple

David Paschane, Ph.D.

Director, Strategic Initiatives and CRISP Communications  
OIT National Capital Region

By now, every member of the VA community has likely heard about CRISP. This is a commitment on the part of all employees to enhance VA's culture of information security. CRISP stands for Continuous Readiness in Information Security Program, with the goal of achieving *Continuous Readiness* among all employees, volunteers, contractors, and affiliates to protect veterans' sensitive information.



The lasting value of CRISP is having the entire community of employees, contractors, and affiliates paying attention to ways that information security is at risk, and as a result, preserving the trust relationship we have with Veterans.

"The trust Veterans have in us as a Department and as individuals depends on our ability to constantly and consistently protect their information from exposure and ever-increasing cyber risks," said Secretary of Veterans Affairs Eric K. Shinseki. "Securing information is the responsibility of everyone. I encourage all VA employees, contractors, and affiliates to help us implement CRISP. Together, we can and will safeguard the information that is vital to serving our Veterans."

CRISP has three major components—like a three-legged stool. The first leg is the technology aspect of information security, including how we limit access to systems and protect devices. The second leg is the training of all personnel in the required and best practices of information security. The third leg is the continual mindfulness and participation of all personnel in implementing and monitoring information security practices.

The third leg is the driver behind CRISP—it is how we become a *Security Sentry* culture—it is also the most difficult to develop.

To draw your attention to CRISP, an estimated 5.2 million messages were distributed through VA-wide emails, HeyVA notices, and town hall meetings. According to a recent CRISP survey, the average VA employee

received 4.8 of those messages.

The CRISP survey helped start a two-way dialogue among VA personnel. We received nearly 10,000 responses and 2,500 comments. After synthesizing the comments, we identified 13 recommendations to improve the quality of CRISP communications and 30 recommendations to strengthen IT and CRISP operations (see website link below). These recommendations have influenced CRISP planning, and will become part of future messages about CRISP activities.

The survey also conveyed how VA personnel feel and think about CRISP communications and operations. Our subsequent actions will focus on how to better establish the importance and effectiveness of CRISP.

The next phase of CRISP includes online engagements to facilitate local discussions and actions pertaining to the application of general CRISP principles and requirements to the specific needs of local communities and stakeholders. The CRISP website (see link below) will help facilitate local discussions, and as the site matures, it will create an interactive space for you to fulfill the third leg of information security.

*Securing Care for Veterans* is a primary function of our work, and here are five simple practices that you can keep to become a *Security Sentry*, and reinforce the CRISP culture.

- Protect personal information, especially online, so nobody can use your identity to access VA systems or facilities.
- Watch over the VA environment, from the parking lot to the computer room, to protect all forms and formats of Veteran information.
- Identify the local security habits that need enhancements—and how these may be achieved through communications, operations, or technology.
- Share ideas and observations on information security with supervisors, information security officers, or on CRISP surveys.
- Keep in mind how you can affect information security for Veterans, including annual online training, daily habits, and monitoring of access vulnerabilities.

CRISP is your opportunity to enhance locally a fundamental aspect of our trust relationship with Veterans—protecting their information.

For more information about CRISP and to engage each other on how to enhance CRISP, use the CRISP website at [vaww.vhaco.va.gov/CRISP](http://vaww.vhaco.va.gov/CRISP), send us an email at [CRISP@va.gov](mailto:CRISP@va.gov), and/or contact your local Information Security Officer, who can discuss CRISP with you and your team, at [vaww.infoprotection.va.gov/ISO-PO-Locator](http://vaww.infoprotection.va.gov/ISO-PO-Locator).

For more information, go to [vaww.vhaco.va.gov/CRISP](http://vaww.vhaco.va.gov/CRISP)



VA Deputy Secretary W. Scott Gould (seated, right) talks with Dr. Michael Brewer, General Surgery chief resident at the VA Maryland Health Care System, during his visit with Baltimore staff in March to monitor implementation of CRISP in the field. Looking on are (left to right): Lucy Fleming, VISN 5 ISO; Eric Carter, VA Maryland Health Care System ISO; and Sharon Zielinski, VA Maryland Health Care System CIO.

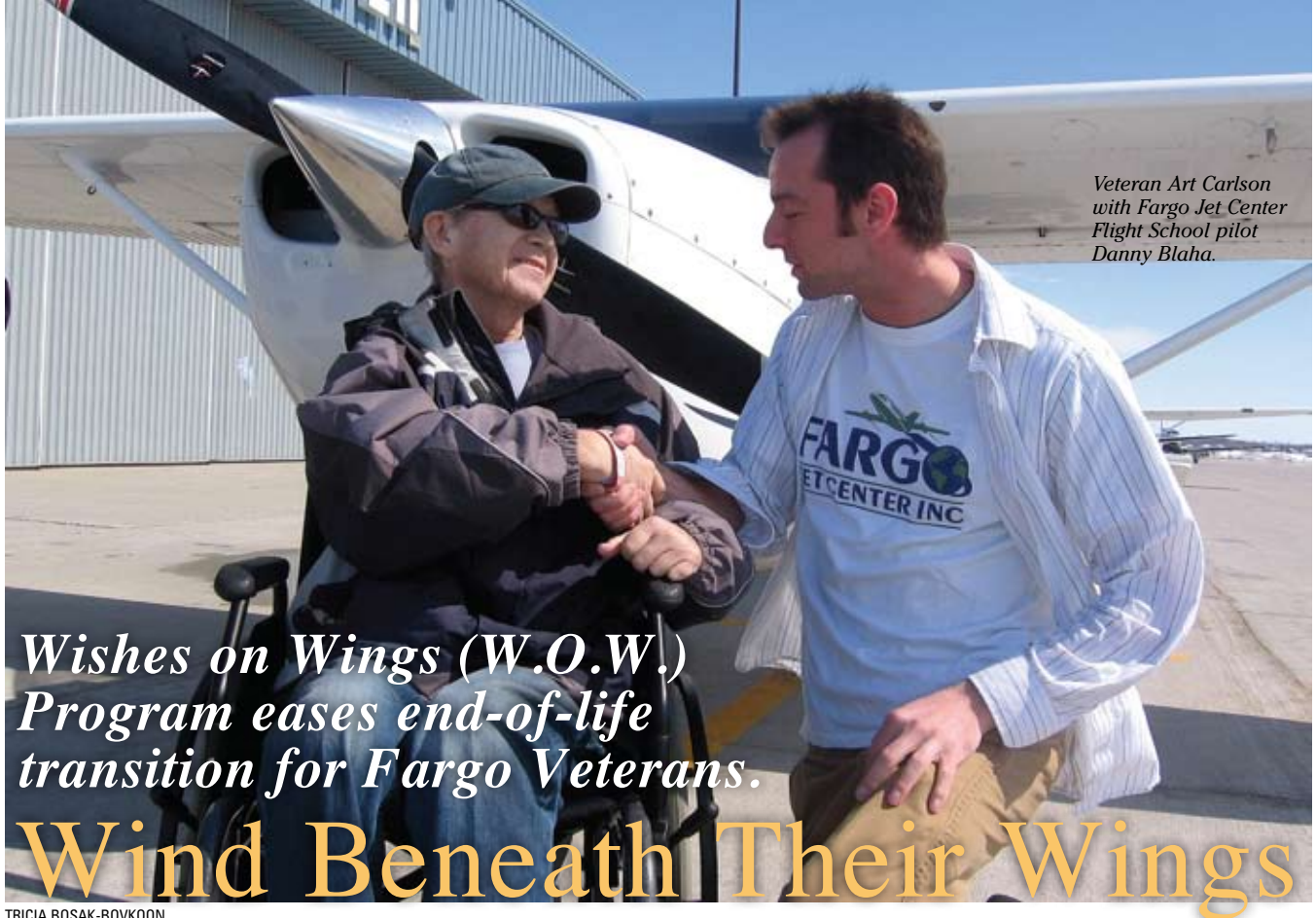
## Real-Life Examples

■ A VA Medical Center resident goes out to lunch at a local restaurant. She brings an inpatient ward roster with her, containing protected health information (PHI) and personally identifiable information (PII) of 21 Veterans, to prepare for afternoon rounds. She gets a code blue call, rushes back to the VAMC, and accidentally leaves the roster at the restaurant. A passerby notices her abrupt exit and picks up the inpatient roster. He sees valuable PII and uses this to start phishing scams with the Veterans' identities—tricking people into surrendering private information such as credit card numbers and email passwords.

■ A Benefits Office claims processor needs to fax paperwork including a Veteran's Social Security number. He is in a hurry to transmit the documents so he can return to his particularly long list of tasks for the day. As a result of his rush, he forgets to take the precaution of verifying he has entered the correct fax number, and an unidentified recipient receives the paperwork. Because the Veteran's Social Security number is now in the hands of an unknown person, they are at risk of becoming a victim of financial fraud and identity theft.

■ A nurse carries a packet of patient identification bracelets in the pocket of her scrubs. The bracelets contain identifying information for several Veterans, including full names and full Social Security numbers. At the end of her shift, the nurse forgets that the bracelets are still in her pocket. As she hurries across the parking lot to her car, the packet drops to the ground unnoticed. A few hours later, a janitor is crossing the parking lot and sees the bracelets on the pavement. He picks them up and turns them in to security at the VAMC. The janitor's vigilance protects the Veterans from identity theft, and prevents the loss of their trust in VA.





*Veteran Art Carlson  
with Fargo Jet Center  
Flight School pilot  
Danny Blaha.*

## *Wishes on Wings (W.O.W.) Program eases end-of-life transition for Fargo Veterans.*

# Wind Beneath Their Wings

TRICIA BOSAK-BOVKOON

**I**t was April 1, 2011, and Art Carlson was smiling. Despite all the medical problems he'd experienced over the past few years, including being admitted to hospice, Carlson couldn't help but smile that day.

He was going for a ride, an airplane ride. And it was something he was getting to do thanks to "Wishes on Wings," or W.O.W., a unique end-of-life hospice program offered by the Fargo (N.D.) VA Health Care System.

After an annual physical in October 2009 detected some abnormalities, Carlson, 64, was diagnosed with terminal pancreatic cancer in June 2010. By April 2011, his weight had dropped from 230 pounds to 112 pounds. He couldn't walk on his own. He was being wheeled around and had problems with nausea. He soon needed 24-hour care to manage his medications and pain.

An Army veteran, Carlson was admitted to the hospice program at the Fargo VA. A nurse there asked

him if there was one last thing he wished he could do. Carlson didn't hesitate. "He wanted to learn how to fly a plane," said Jodi Holman, Hospice and Palliative Care coordinator at the Fargo VA. "We said OK. And we started planning."

Thanks to W.O.W., a word-of-mouth network of people aimed at granting wishes to dying veterans, Holman began tapping her resources to bring Carlson's wish to fruition. "Although he wanted to learn to fly, it just wasn't possible because he wouldn't have passed the physical," said Holman. "So we tried to find an alternative. My first calls are often to the recreation therapists and the W.O.W. teams. Then supervisors, and sometimes the media. We divide up the wish into parts and it can be difficult to juggle. We have to keep everyone in the loop, coordinate tasks, and try to ensure all the appropriate people are involved.

"There are easily 20 to 30 people, sometimes more, involved in each wish," Holman continued. "There's

social workers, recreation therapists, nurses from the Community Living Centers, dietitians, veterans service officers, members of the quad, plus the staff for the Hospice and Palliative Care team. Each wish is unique and we never know what will transpire as we plan the wish. It's a collateral duty and can be time-consuming for us, but it's way too special to let go. The more people that get involved, the better the experience for the patient."

According to Holman, chair of the Cultural Transformation Palliative Care Subgroup, W.O.W. started out almost four years ago as a simple idea brought to the Fargo VA by an employee from a previous job. "A week later," Holman said, "one of our hospice vets said he wanted to go on one last helicopter ride before he died. Eight days and plenty of media coverage later, he was in the air. That was essentially the start of W.O.W."

Like any other program, W.O.W. has its requirements. "When coordinating these requests," said Holman, "we use a four-step process. First, is

the patient in Fargo's hospice program, meaning, do they have less than six months to live? Second, what is their wish? Third, is it feasible? And lastly, has their physician signed off?"

Without a budget, the W.O.W. program relies on the kindness of others. "We can't solicit for funds," explained Holman, "so usually when someone calls, I tell them the Veteran's story and most voluntarily offer to help. A couple of service organizations have done fundraising for us and that's helped. Sometimes, our recreation therapist has funds for cake, flowers and other incidentals. Most of the other items are donated. I'm amazed at how much people give.

"Requests come to us a lot of times from the CLC nurses, or from other members of the Palliative or Hospice Care teams," Holman added. "The most common wish we get from Veterans is that they want to die at home. Sometimes, the Veterans are just too sick, their wish is not feasible, or they get worse right before their wish is granted."

While Palliative Care handles the outpatients whose terminal prognosis is two to four years, hospice deals with those patients in the last six months of their lives, which means time is of the essence for most of the requests. "We have to plan fast," said Holman. "You never know when they are going to take a turn for the worse. We aim for less than a week from when the wish was requested to when it's granted. The quickest one we ever planned was for an 85th birthday party and anniversary. We heard about the request at 8:30 a.m. and by 12:30 p.m., we had the party."

But coordination is not just about the logistics of the actual event. "Pain and symptom management play a big part as well," explained Holman. "That's why the Palliative Care team is so important. Also, you have to think about all aspects of the wish request. You have to render them safe, and sometimes that involves using occupational therapy to prep the Vet-

eran beforehand. You have to bring a nurse along, have pain medications available, a bag for vomiting and nausea, and realize the Veteran fatigues easily."

For the families of hospice Veterans, W.O.W. can offer a small glimpse into what matters most to their loved ones. Towards the end of March 2011, Carlson found out a surprise was coming. Holman and her team had arranged for him to take a half-hour plane ride over North Dakota. The Fargo Jet Center Flight School had volunteered a plane, a pilot and all their services.

"He called and told me they had something planned for him but he didn't know what," said Renee Thomte, Carlson's sister. "Art was excited. When he found out about the flight, it really boosted his morale."

Up to that point, Thomte never knew about her brother's fascination with planes. "We grew up on a farm, so there were crop sprayers. He was always curious about the small planes. And later on, he flew on the big military planes. His love of planes was something I never knew about. The flight gave him something to look forward to. And he was so excited about it."

Even better, Thomte got to join her brother on the flight in the Cessna Skyhawk. "He knew I'd never been in a plane before and I was seated right behind him. I think he was more interested in seeing my reaction than he was in the flight. It was so loud and it was hard to hear anything because of the noise. We were able to fly over the town—the Red River was flooding at that time, and it was amazing. During the ride, he told the pilot, 'Make sure we fly over the VA hospital and the area where I live because rent is due today.'"

One of five children, the rest girls, Carlson never lost his sense of humor, according to Thomte, his oldest sister. "He liked to give the staff a hard time," she said. "On the day of the flight, he was just chatting away

with the pilot the whole time. We had other family members on the ground. Some of them put photos on Facebook and his classmates saw the pictures. Because of the media coverage he requested, it also ran on four TV stations and was on the front page of the newspaper. His classmates got in contact, and he was able to have a mini class reunion at the VA."

But Carlson's last wish wasn't over yet. "He was also pinned with wings," said Thomte. "His nurse's son, who is in the National Guard, had earned four patches and gave them to Art. The son got in touch with his chief about getting wings, real wings. Although Art was in the Army for three years (E-4), he had the National Guard patches sewn on his Army hat. He put the wings on the front and hung the hat over his bed. In September 2011, he passed away. My youngest sister, who was also fighting cancer at the time, got to keep the burial flag and his Army hat.

"Through this experience, we came across such wonderful people who actually cared," Thomte continued. "Chaplains stopped in two or three times a week. The Palliative Care team was excellent. The day before he passed away, he was still smiling, still walking to meals. He never expressed he was in pain. Art would tell his friends, 'I'm ready.' With all his care at Fargo, he never felt unloved."

"So far, we've granted over a dozen wishes," said Holman. "The most noteworthy has been Art's."

After his wish was granted, she said, Carlson seemed to rally for a time. "We noticed he became more active and engaged in his daily functions, especially after seeing his friends. It's amazing—the coverage we got from that first helicopter ride is truly the story that hasn't ended. It's still being promoted so the word gets out. And in reality, it gave us a gift—and what a gift." **VA**

---

By Amanda Neumann



**T**wisting arms. Sticking like flypaper. These are among the phrases used to describe the perseverance and struggles behind the groundbreaking changes achieved in VA women's health programs, beginning in the 1980s.

Who were the pioneers behind these innovative programs, which included the first VA well women's clinic (1988), the first women's health education program for VA providers and nurses (1992), the first national training program for women Veterans coordinators (1994), and the first residential military sexual trauma program for women (2000)? Enter women Veterans Peggy Mikelonis and Toni Lawrie, both of whom had served as nurses in Vietnam.

VA has changed dramatically in the 30 years since a GAO report criticized the Department for not providing adequate care to women Veterans. Women now comprise 15 percent of the active duty military and 6 percent of Veterans who use VA health care. Women's health centers and mixed-gender primary care clinics throughout the VA health care system provide women with comprehensive primary care, including gender-specific care.

More than 1,200 VA providers have been trained in women's health over the last two years through a national mini-residency program. And full-time women Veterans program managers are on staff at all VA medical centers to ensure that women Veterans get the care they need and the respect they deserve. Much of the groundwork for progress was laid in Florida.

### Florida First

"Florida, particularly Bay Pines and Tampa, set the bar for women's health for the country," said Connie LaRosa, deputy field director for the VA Sunshine Healthcare Network (VISN 8), which encompasses Florida and Puerto Rico.



*VA has changed dramatically in the 30 years since a GAO report criticized the Department's provision of care for women Veterans.*

## Pioneers of Women Veterans' Health

IRA WEXLER

The impetus for growth has been, in part, the region's high number of women Veterans. The number of women Veterans in the Florida region has been among the highest in the nation for the last 10 years. But the success has a lot to do with the people, LaRosa said.

"You had strong women Veterans who saw the need for other women Veterans to get the health care they themselves wanted from the VA."

### Finding Her Voice

Peggy Mikelonis didn't talk about

being a Veteran when she started at VA in 1972, even though she had recently returned from serving at the 3rd Surgical Hospital in the Mekong Delta, Vietnam. "Women were a non-entity in the VA," she said.

At the time, the James A. Haley Veterans' Hospital in Tampa cared primarily for Veterans with service-connected disabilities first, and then, if staff and resources allowed, for those with non service-connected disabilities. Women made up only 2 percent of the active duty military and less than 2 percent of the Veteran popula-



tion, a guesstimate since women Veterans were not officially counted until the 1980 census.

Mikelonis saw one or two women a year. "I came to work here," she said, "but I certainly wouldn't have come to the VA for health care."

Today, Mikelonis receives her health care at VA and, as lead women Veterans program manager for VISN 8, oversees seven full-time women Veterans program managers. She is responsible for ensuring that more than 44,000 enrolled women Veterans have access to high-quality care at eight facilities. Her name is one of the first mentioned by many when discussing pioneers of VA's women's programs.

But in 1983, co-workers had to persuade Mikelonis to be a member of the new women's committee at Tampa. Through committee membership, she found her voice and began meeting others in the region who were outspoken about the needs of women Veterans, such as Joan Furey, Sara McVicker and Mary "Toni" Lawrie, all Vietnam Veterans and nurses at the neighboring Bay Pines VA Healthcare System.

Furey would go on to serve as the first director of VA's Center for Women Veterans in Washington, D.C., and McVicker to serve on the Vietnam Veterans of America's National Women Veterans Committee and the current Secretary's Advisory Committee on Women Veterans. But back in the 1980s and '90s, Lawrie and Mikelonis teamed on up several innovative programs for women Veterans.

In 1988, Mikelonis was sharing collateral duties of the women Veterans' coordinator with Barbara Barden, RN, when Tampa obtained one of the first mammography units in VA.



*More than 1,200 providers have been trained in women's health, and full-time women Veterans program managers are on staff at all VA medical centers.*

Their gynecology clinic, offered once a week for four hours, was one of only two such programs recognized in VA at the time. The other was the Bay Pines Well Women's Clinic, which Lawrie was instrumental in starting. VA employees volunteered their time to staff the clinic's Saturday program.

Both facilities submitted proposals for national grants to develop a Women Veterans Comprehensive Health Center in 1993, but only Tampa received the allocation, and space was not included. Mikelonis worked with then Chief of Staff Thomas E. Bowen, M.D., a retired Army general who was a fierce ally of the women's program and an exacting supervisor.

"He said I was like flypaper," Mikelonis recalled with a laugh. "I took it as a compliment because I was persistent. It wasn't always pleasant, but it's not easy building a women's program in a male-dominated system."

While Mikelonis struggled to determine where and how to open the new women's center, Lawrie was walking the halls of Bay Pines, pulling people in to her mission to build a women's comprehensive center—

without a grant.

### **'Genial Arm Twisting'**

"Toni was great at bringing people together to create new things," said colleague and friend Dr. Carol O'Brien, who worked with Lawrie in the Bay Pines women's clinic and partnered with her to develop VA's first residential MST program for women at Bay Pines in 2000.

When Lawrie died in 2010 from complications of breast cancer, a *St. Petersburg Times* article noted that Lawrie built the Bay Pines VA women's program through a combination of "persistence and genial arm twisting."

"We knew we were going to have to work a little harder to get what we needed for women Veterans," said O'Brien. "We grabbed what we could get. One piece here, one piece there."

This build-it-from-nothing beginning has meant continued success for the program. "If you build it the hard way, everyone involved has such a sense of mission," O'Brien said. "The absolute devotion to it is striking." So is the affection for Lawrie. There were

*First in a three-part series celebrating the history of VA women's health programs and recognizing the pioneers who developed health care services for women Veterans across the nation.*



*Dr. Carol OBrien, center, partnered with Toni Lawrie, left, to develop VA's first residential MST program for women at Bay Pines in 2000. With them is former Bay Pines Director Tom Weaver.*

COURTESY BAY PINES VA HEALTHCARE SYSTEM

four memorial services following her death. The clinic is now named the Mary Antoinette Lawrie Clinic.

### A Sense of Mission

Lawrie's mark on VA women's health can be seen in other places as well. She helped OBrien get an innovative program grant from VA Central Office to open the residential MST program for women, which became a model for MST programs nationally. When the two-year funding ran out (after lasting well beyond two years thanks to Lawrie's knack for managing money) the facility, under Director Tom Weaver, took over funding. The program is now housed in the domiciliary and has 16 beds, half for women and half for men.

In 1994, Lawrie and Mikelonis held the first week-long national training program for women veterans coordinators (now WVPMS) in Florida. Through 2003, 90 women attended the training, including three who went on to serve VA nationally as deputy field directors—the bridge between Central Office and the field today.

Lawrie and Mikelonis spent one-on-one time with attendees, giving them tips on how to set up a women's program and how to get facility buy-



STEVE HOLLINGSHEAD

*Peggy Mikelonis didn't talk about being a Veteran when she started at VA in 1972.*

in. According to Dr. Patricia Hayes, chief consultant for VA's Women Veterans Health Strategic Health Care Group, the most valuable thing they imparted was their sense of mission.

When Lawrie was lead women Veterans program manager for VISN 8, she, Mikelonis and others began an aggressive outreach campaign to let women Veterans know about benefits available to them. They worked with

local Veterans' groups and community organizations to reach women Veterans.

In 1997, they set a five-year goal to increase the number of enrolled women Veterans in VISN 8 by 20 percent each year until they reached 20,000. Five years later, 26,000 were enrolled. Today, more than 44,000 women Veterans are enrolled.

Bay Pines and Tampa remain standout facilities for women Veterans. Mikelonis, who has been lead women Veterans program manager since Lawrie retired in 2005, is quick to give all the credit for Florida's trailblazing to Lawrie. But according to Hayes, LaRosa, OBrien and many others, Mikelonis has a place of her own.

"We stand on their shoulders," said Hayes of these pioneers in VA women's health. "This was a struggle that they really put their hearts and souls into to make a difference." VA

*Endnote: There are many women and men who have contributed much to women's health programs in VA. Visit [www.womenshealth.va.gov](http://www.womenshealth.va.gov) for more on these trailblazers or to tell us about a women's health pioneer you know.*



# VA's New Mantra: Treat the Patient, Not the Disease

*Reactive health care will be a thing of the past as VA transitions to a patient-centered model based in lifelong planning and support.*

Have you ever gone to an Urgent Care facility where you were unknown, and had to fill out multiple forms every time you visited? Have you ever felt like you were a number in the health care system? Have you ever felt like you were telling the same story over and over and over again to different health care providers?

If so, you are not alone.

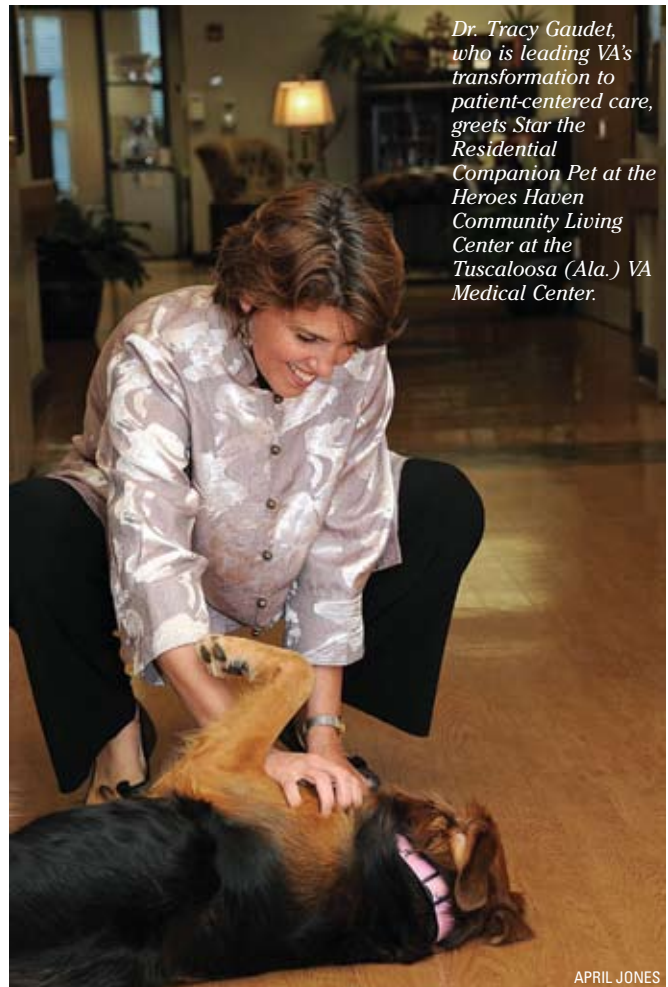
Fortunately, there is change coming to the VA health care system as well as the private sector. And in many ways, VA is leading the pack.

In fulfilling its responsibility to provide “the best care anywhere” for every Veteran, VA is embracing an opportunity to move away from problem-based disease care toward something very different: patient-centered care based on relationships that are built gradually, over time, and committed to positive results over the Veteran’s lifetime. This new way of thinking about health care delivery is called Patient Aligned Care Team, or PACT.

“Reactive, physician-centered care will be a thing of the past as VA designs and delivers a 21st-century health care delivery system that is based in lifelong planning and support, and centered on the Veteran patient,” explained Dr. Tracy Gaudet, director of VA’s Office of Patient Centered Care and Cultural Transformation. “The 21st-century VA will be a health care system that has the Veteran at the center, and begins with their vision of health and their goals.”

To understand PACT, you must first understand Primary Care. Primary Care is outpatient-centered health care that coordinates care of inpatient and outpatient services, specialty clinics and community resources. Primary Care is usually the entry point into health care for most patients.

The Patient Aligned Care Team takes this a step further by putting patients at the center of their own care. The care is person-oriented rather than disease-oriented. The person is just that—a person, not a group of diseases to treat.



*Dr. Tracy Gaudet, who is leading VA's transformation to patient-centered care, greets Star the Residential Companion Pet at the Heroes Haven Community Living Center at the Tuscaloosa (Ala.) VA Medical Center.*

APRIL JONES

Kenneth Duncan, a Vietnam-era Veteran, recently called the Charles George VA Medical Center in Asheville, N.C., complaining of shortness of breath. The moment he picked up the telephone, he triggered a chain reaction that may have saved his life.

“I talked with Mr. Duncan to find out what his symptoms were,” explained April Courson, a registered nurse

who is part of Duncan's Patient Aligned Care Team. "We call this 'telephone triage.' Based on what he told me, I knew he needed to come in right away."

As soon as Duncan arrived, an initial evaluation was performed by another member of his Patient Aligned Care Team, licensed practical nurse Linda Montgomery. She wasted no time in sending her patient directly to her team lead, Dr. Steve Swearingen.

"He has chronic pain, but he was in more pain than usual," said Swearingen. "He was also more short of breath than usual. I sent him to X-ray. They called the report back to me and it wasn't good: he had pulmonary edema. His lungs were filling up with fluid. It looked like he might be developing pneumonia, too, but it was hard to tell. I sent him directly to the emergency room so they could get started on his EKG, his blood work, and other medical tests."

"While Linda was transporting the patient to the ER, I was calling in the report to the emergency room nurse," Courson said. "They were ready for him when he got there."

Duncan was not in the emergency room long. The decision was soon made to send him to the medical center's intensive care unit, where he would be started on a regimen of diuretics and antibiotics.

"They were wonderful over there at the ICU," Duncan said. "I was there for seven days. They were very good with my pain medication. They knew how to count pills over there. They did a fine job, as far as I'm concerned."

"As soon as he was transferred from ICU to the medical ward, I went to see him," Courson said, explaining that "as soon as a patient is trans-

ferred from one part of the hospital to another, a member of their Patient Aligned Care Team goes to visit them. He was very glad to see me. I was a familiar face."

And Duncan's care won't stop when he leaves the hospital. His Patient Aligned Care Team will continue monitoring him.

"When he's discharged, I'll be calling him to follow up on how he's doing, and to see what his needs are," Courson said.

With the Patient Aligned Care Team approach, patients are their


medication or lifestyle changes. See a theme? Once the patients are educated, they have the choice of changing how they eat, exercise or take their medicine. Their families can be intimately involved as well.

The doctor may order the medications the patient needs to take, and the pharmacist may follow up with close monitoring of the patient's vital signs or blood sugars and other lab results, and adjust those medications. A social worker may help with home care needs, or a Care Coordination Home Telehealth nurse may follow vital signs or other readings the patient inputs via the phone system.

A dietitian may educate the patient about nutrition, or Mental Health Services may help the patient establish goals and give them strategies to help achieve those goals, so that they can live a healthier life. If the patient is admitted as an inpatient, their Patient Aligned Care Team will be alerted to this and, if appropriate, visit them in the hospital. They will follow up with the patient after their discharge to ensure they get the care they need.

The patient may be involved in group appointments, telephone clinics,

or appointments with someone other than their primary care provider, such as a nurse, mental health specialist or nutritionist. And VA is providing more and more ways for patients to communicate with their team, such as in-person visits, telephone calls, home telehealth, or secure messaging via MyHealtheVet.

More information about PACT is available at the Veterans Health Administration Web site: [www.va.gov/PrimaryCare/pcmh](http://www.va.gov/PrimaryCare/pcmh). 



*These employees of the Charles George VA Medical Center in Asheville, N.C., are a good example of what a typical VA PACT Team looks like: Dr. Steve Swearingen (seated, right), serves as team leader. Standing, left to right, are: Sean Pressley (clerk); Janet Marsh (social worker); April Courson (registered nurse); Linda Montgomery (licensed practical nurse); and Philip Nelson (pharmacist). The heart of the team, and its center, is Veteran patient George Montgomery (seated, left).*

own number one health care advocates. The patients and their families get to make decisions and help direct care. The patients' doctors work closely with them to help them reach their optimal health, and stay there. But the doctors are not alone; they have nurses and many others working closely with them to provide input and direction to patient care.

The RN care manager, for example, may zero in on two or three high-risk diagnoses, such as congestive heart failure or diabetes, that may be managed through patient education,

By Dennis Mehring



# Racing to Contain a Chickenpox Outbreak in San Juan

*Good planning, clinical expertise and decisive leadership helped staff and volunteers stop the spread of the potentially life-threatening illness.*



AXEL VILLACIS

*Jannine Villa, RN, administers a vaccine to medical clerk Noel Cintron during a chickenpox outbreak at the San Juan VA Medical Center last December.*

**I**t was mid-December 2011, and the people of Puerto Rico, the Caribbean island known for its idyllic beauty, were gearing up for the holidays. But for staff at the San Juan VA Medical Center, it would be a holiday like no other. For them, it would be a race against the clock to stop an outbreak of chickenpox, a highly contagious, potentially life-threatening illness. This would be a hard-fought race they would ultimately win, with good planning,

clinical expertise, decisive leadership, and a little help from some selfless volunteers.

It began on Dec. 12 when two nurses from the large, urban VA hospital's Community Living Center called in sick with the suspected illness that typically includes an itchy, blister-like rash, headaches, fever and fatigue. Two days later, a CLC resident presented with a rash confirmed to be chickenpox. And within a short time, there were 13 confirmed

cases—11 staff and two patients.

San Juan routinely plans for emergencies, and from the outset, facility leaders mobilized a team of experts from Infection Control, Infectious Disease, Pharmacy, and Emergency Management services, who developed an aggressive strategy to stop the infection from spreading. A core group of key hospital staff met daily as an Incident Command Team to assess the situation and plan their next courses of action.

“For many, chickenpox is a mild illness—but not for all,” said Kathleen Collins, associate director of Patient Care Services, VA Caribbean Health-care System. “It can have serious complications in adults and those with compromised immune systems. And because of how it spreads, we were told the outbreak might last three to six months. Our number one goal was to stop the outbreak as quickly as possible.”

“We immediately screened all susceptible patients and staff on the affected units,” she explained. “We sent potentially exposed employees who might not have been immune to chickenpox home on administrative leave. We informed patients and staff, controlled entry to the affected units, and vaccinated those most at risk. And our communication campaign to inform the public, service organizations and government officials was very effective.”

school,” said Torres-Sabater. “However, we had hundreds of adults to vaccinate. Fortunately, the drug manufacturer had enough supply on hand and we were able to get what we needed.”

Getting the vaccine wasn’t the only challenge. The hospital was full, and units affected by the outbreak, including the CLC, a general medical floor, and the Medical Intensive Care Unit, had staff vacancies. Staff members were out sick with chickenpox, and others who had been exposed were sent home during the potentially infectious period.

“We needed help—especially on the MICU,” said Collins. “We didn’t want to stop accepting critically ill Veterans; it would have meant sending them to other facilities. The VA has the best medical care on the island.”

An urgent call went out for volunteer RNs with some unique qualifi-

Emergency Medical Response Team (NEMRT) 3, one of three nationwide teams of volunteers who are “on alert” awaiting a call to deploy their skills in the event of an emergency.

The first of the volunteer RNs from across the country arrived on the island on Dec. 22. “Thanks to Cosme, our emergency manager Milton Martinez, and others in VISN 8 and VHA, we got the expert help we needed quickly, and never had to go on diversion in the MICU,” Collins said.

For their part, San Juan staff went out of their way to extend the hospitality for which Puerto Rico is so well known to their volunteer nurses.

In a letter of appreciation to facility leadership, one volunteer wrote: “Thank you ... for going out of your way to ensure I saw Puerto Rico and didn’t miss my family as much during the holidays.” Another wrote: “Your employees are some of the best I have worked with in all my years of medi-

## **“Chickenpox can have serious complications in adults and those with compromised immune systems. Our number one goal was to stop the outbreak as quickly as possible.”**

Providing ongoing communication and counsel to the San Juan team was the VISN 8 Emergency Management Office, along with VISN 8 leaders and staff from the Veterans Health Administration and VA Central Office. Other coordinating agencies included the Centers for Disease Control, the U.S. Department of Health and Human Services, and Puerto Rico’s Department of Health, which had something the VA hospital really needed, and quickly.

About 900 doses of the Varicella vaccine were needed—but getting that much proved to be a challenge, at least initially, according to Cosme Torres-Sabater, San Juan area emergency manager.

“Puerto Rico’s Health Department had chickenpox vaccine for infants and children that is usually administered during the first years of

cations beyond their medical credentials, which included long term and critical care experience. To deploy to San Juan, nurses had to be immune to chickenpox and they also had to speak Spanish. Plus, it was December, and the holidays are a difficult time to ask people to be away from their families.

Despite the challenges, the call was answered, and seven of 11 volunteer nurses who met the deployment criteria were quickly identified by VISN 8 Emergency Management staff working closely with emergency managers from the network’s seven health care systems.

To recruit the additional four nurses who were needed, VISN 8 Network Director Nevin Weaver sent an official request for help to VHA’s Office of Emergency Management, triggering activation of National

cal experience. Please give them my thanks. I want to come back ... but [next time] on vacation.”

The last chickenpox case was reported on Dec. 31, bringing the total to 15: 13 VA staff and two patients. All had mild cases of the illness and fully recovered, according to Collins. “No patients were infected by staff, and that is a tribute to the excellent infection control practices by our employees,” she said.

By the end of the crisis, almost 2,800 San Juan VAMC employees had been screened and 429 staff had been vaccinated, but the process continued. Employees were offered the opportunity to take a chickenpox blood test, which the CDC says is the only definitive way to know if someone is immune from the virus. [VA](#)

---

By Susan Wentzell





SHAWN FURY

**A** Department of Veterans Affairs facility that brings services directly to homeless Veterans in the neighborhoods they walk opened in Denver on Feb. 10.

The Community Resource and Referral Center, one of 12 planned by VA and the first to open its doors, was dedicated in a neighborhood close to shelters and churches where homeless Veterans spend their days and nights.

The CRRC can offer a variety of services to Veterans who walk in, including transitional and permanent housing, medical and mental health services, and VA and non-VA benefits. The center is staffed by social workers and others, and includes showers and a place where Veterans can drop off their laundry for later pick-up.

Lynette Roff, director of the VA

Eastern Colorado Health Care System, encouraged those attending the opening of the CRRC to fight homelessness on two fronts: by reaching out to homeless Veterans, and by working with those at risk to prevent them from becoming homeless.

More than 150 dignitaries, Veterans, and federal and city officials, including Denver Mayor Michael Hancock, attended the opening ceremony.

Hancock praised VA's effort to bring the fight against homelessness to the city's neighborhoods, and noted that Denver's Road Home, the city's 10-year effort to end homelessness, was aligned with VA in its effort to fight homelessness.

Cory Shewmake, an Army Veteran, walked into the CRRC during the ceremony. He said he'd been staying in a nearby shelter and heard about the CRRC. "I've been checking

up on a variety of places [to live], but you need a voucher to get in. If you don't qualify for some program, you go to the bottom of the list."

CRRC staff rushed to assist Shewmake.

The 4,200-square-foot facility includes a reception area, four interview rooms, a break room, showers, laundry, a conference room and lots of employee cubicles. A Veterans Benefits Administration specialist will work at the CRRC one day a week, and representatives from other agencies that partner with VA in the homeless effort may also send workers to the new facility.

A key difference in the CRRC approach to homelessness is that it assists homeless Veterans in finding housing first, and then assists them with other benefits, said Michelle Lapidow, director of Health Care for



*Left: VA Eastern Colorado Health Care System Director Lynette Roff and Denver Mayor Michael Hancock, left, dedicate the new Community Resource and Referral Center;*

*Below: Denver Mayor Michael Hancock "demonstrates" the showers at the CRRC. With him are Lynette Roff, center, director of the VA Eastern Colorado Health Care System, and Michelle Lapidow, director of VA Eastern Colorado's Health Care for Homeless Veterans program.*

Homeless Veterans at VA Eastern Colorado.

Getting homeless Veterans into housing stabilizes them and improves the chances of them responding to other forms of assistance, she said.

"It keeps them in the community," Lapidow said.

As part of that approach, the CRRC staffing includes eight people who form an Assertive Community Treatment team. ACT is an evidenced-based approach to dealing with homelessness that has been embraced by VA. ACT teams go into the community, meeting Veterans wherever they are to provide an array of services, from mental health and substance abuse treatment, to medication and case management.

The CRRC in Denver is adjacent to the Bo Mathews Center for Excellence, which provides a variety of community services. Mathews, a former NFL linebacker and University of Colorado football player, has devoted his time and resources to helping the homeless with programs and centers across the country.

Lapidow said the proximity and involvement of the Bo Mathews Center creates a solid nucleus of assistance to the community and to the homeless.



Roff thanked others at the opening ceremony for their assistance, including Mathews; VA's Facility Management Service; Renaye Murphy, acting director of the Denver VA Regional Office; Lavonne Liversage, acting Rocky Mountain Network (VISN 19) director; Anita Urdiales, executive assistant to the network director; Gina Ramer, regional communications director for the Social Security Administration; and Rick Garcia, regional Housing and Urban Development director.

She also recognized the CRRC's

partners, including the Colorado Coalition for the Homeless, the St. Francis Center, Denver's Road Home and the Denver Street Outreach Collaborative.

Robert Rvegg, an Air Force Veteran, was looking for housing and employment when he walked into the CRRC during the opening ceremony.

"I'm looking for a place to stay, and work," he said. "I'm looking for anything that can put me forward."

Looking around, Rvegg thought the CRRC might be just the place he was looking for. **VA**



# Learning How to Reconnect

**V**A has decided to try a new path when it comes to caring for and healing the nation's wounded Veterans. Now, in addition to repairing their damaged bodies and minds, the Department is attempting to go one step further and repair their crumbling marriages. Or at least try to.

"Research shows that 70 percent of our combat Veterans are experiencing marital problems," said VA Chaplain Ron Craddock. "Twenty percent of them decide to divorce before they even return from theatre. This is staggering. The toll on the individual Veteran is staggering. The toll on the family is staggering."

That's why Craddock and another VA chaplain, Ed Waldrop, launched VA's very first marriage retreat three years ago at the Charlie Norwood VA Medical Center in Augusta, Ga. The retreats are conducted by VA chaplains, social workers, psychologists and counselors who have been certified as instructors for teaching better communication skills, relationship skills and emotional literacy skills to couples.

"We started out doing three or four retreats a year," Waldrop said. "We got a lot of positive feedback, so now we're up to about 11 a year. We've done two- or three-day retreats for over 400 couples. We're here in Georgia, but we've had couples come here from as far away as Pennsylvania, Oklahoma and Florida ... all over. The retreat is free, so their only expense is transportation. If they can make it here, we get them into the program."

The idea is gradually catching on at other VA sites across the nation. A marriage retreat program is now up and running at the San Diego VA Health-care System, while about 20 other VA medical centers are in the beginning stages of establishing their own programs.

So what exactly goes on at a marriage retreat, anyway?

"We spend about 70 percent of our time helping couples with their communication skills," Craddock said. "When these Veterans come back from overseas, they don't have the communication tools to talk to their spouse about their pain, their frustration, their grief. And we're seeing this in both males and females ... even the females returning from Iraq and Afghanistan want to seclude themselves. Just like the guys, they don't want to be around crowds ... they don't want to go on family vacations or outings."

Both Craddock and Waldrop point to one troubled couple in particular as the perfect example of how effective their program can be at healing broken re-



RONALD CRADDOCK

*Ralph and Michelle Lynn's marriage was floundering until, at Michelle's urging, they attended a VA marriage retreat three years ago. Now things are different.*

***VA is offering marriage retreats for returning Veterans.***

relationships: Ralph and Michelle Lynn.

"Ralph had been an Army sniper in Iraq," Waldrop said. "When he and his wife, Michelle, first came to our retreat, they sat in the back of the room and wouldn't join the group. We couldn't get any response from them."

"But they completed the retreat," said Craddock. "Then they signed up for our advanced retreat. Now they're both certified instructors in our program. For two years they've been helping us teach other couples how to reconnect."

"When we went to that first retreat, I had PTSD so bad I couldn't even sit with everybody," Ralph Lynn acknowledged. "I had to sit in the back of the room, against the wall, so

I could see everybody. Michelle sat back there with me. She was the only one I could trust. I didn't trust anybody else."

Ralph said it was his wife who convinced him to try out the VA marriage retreat. Up until then, he'd never really thought of himself as a "marriage retreat" kind of guy.

"Michelle knew something was going on long before I was ready to do something about it," he admitted. "Usually the one closest to you bears the brunt of the mess.

"I thought I was the only one going through what I was going through," he continued. "But at the retreat I saw other couples going through the same things ... having

the same problems Michelle and I were having. Mainly, it was communication. We didn't talk to each other, we talked at each other. At the VA retreat I learned that marriage is a separate entity that has to be nurtured, like a child. You have your day job. You have your spouse. Then you have your marriage ... it has a life of its own."

"They taught us how to listen to each other," said Michelle. "Now we can talk to each other about what we're feeling inside. When that happens, it brings you closer together. It feels really, really good."


"We see some remarkable transitions at these retreats," Ralph added. "We see couples who won't hold hands. They won't touch each other, or put their arms around each other. By the end of the retreat, all that changes. They're holding hands. They're hugging.

"Without the VA, I wouldn't be where I am today," he concluded. "Anything that can keep people from going through what my wife and I went through, I'm all for it."

Michelle agreed. "These people are coming back from war zones," she said. "They've shut down. They've experienced things no human being should experience. They don't know how to communicate anymore because they're used to being given commands.

"Before we did the retreat, I could talk to Ralph all day long and not get a response," she continued. "I might get a nod out of him. But now we can actually have a normal conversation. That's pretty awesome."

When VA's marriage retreats first began, only Veterans from the Iraq and Afghanistan conflicts were being accepted into the program. Since then, VA has opened the program to anyone who's ever worn the uniform.

For more information on VA's marriage retreat program, call 706-733-0188, ext. 6118, 6114 or 6172. 

## Marriage Retreats: More to Come

In August 2011, the Charlie Norwood VA Medical Center in Augusta, Ga., held its first marriage retreat for blind and visually impaired Veterans and their spouses. One of the instructors at that groundbreaking event was Deborah Lovell, a counselor at the medical center's Blind Rehabilitation Center who is blind herself.

Eleven couples attended the retreat.

"Blindness is something they've had to deal with as a couple," Lovell said. "In most cases these Veterans weren't blind when they got married. They were blinded in Iraq or Afghanistan, earlier conflicts, or through eye-related conditions. A lot of them are very angry or frustrated. You can imagine what that will do to a relationship."

Lovell said some of the communication skills she teaches at the marriage retreats have actually been useful in her own relationship.

"My husband and I communicate pretty well, but there's always room for improvement," she laughed. "For example, there's a technique we teach called 'The Daily Temperature Reading,' or DTR for short. It's where a couple sets aside a few minutes each day to talk to each other, face to face, about whatever's on their mind. They share their thoughts and feelings about something. They listen to each other.

"During the course of our DTR sessions, my husband and I discovered something important," she explained. "We discovered that it takes me a while to process information. I have to think about stuff for a while. Sometimes he would tell me something, and I wouldn't respond right away, and he'd get frustrated. Now we both realize I just need to mull things over before I get back to him. So now he doesn't get upset anymore ... he knows I just process information differently than he does."

The VA currently has marriage retreat programs up and running at two sites: the Charlie Norwood VA Medical Center in Augusta, Ga., and the San Diego VA Healthcare System. Retreats have also been held at VA sites in Indianapolis, Hampton, Va., Atlanta, Columbia, S.C., Manchester, N.H., and Loma Linda, Calif. Roughly 20 VA sites are investigating the possibility of establishing their own programs.

By Tom Cramer

# Quiet Please: Veterans Healing

## *What one VA health care network is doing about hospital noise.*

It's a proven fact that rest is good medicine—a quiet environment is a healing environment. But if you've ever been a patient in a hospital, you know it can be anything but quiet. People shout down the hallway, carts thump and rattle, doors bang, and overhead announcements blare. It's hard enough to rest in a strange bed without the added challenges that hospitals pose.

In patient-centered hospitals, protecting the sleep of patients is a top priority. Initiatives to reduce noise levels help build awareness among staff and make for a better overall hospital experience for patients.

Hospitals in the VA Sunshine Health-care Network (VISN 8), which include VA facilities in Florida and the Caribbean, have undertaken campaigns that significantly reduce noise on inpatient units. Here's a snapshot of some of the initiatives.

The spotlight-style "Yacker Tracker" is an audio-visual reminder to VA staff and others to reduce the noise in a patient area. It monitors noise levels and alerts caregivers when they exceed an acceptable level. Yacker Trackers are being tested on inpatient wards at the James A. Haley Veterans' Hospital in Tampa, Fla., the Bay Pines VA Medical Center in St. Petersburg, Fla., and the West Palm Beach VA Medical Center in West Palm Beach, Fla.

Employees at the Malcom Randall VA Medical Center in Gaines-

ville, Fla., closely monitor noise levels with designated quiet times and adjusted medical and treatment times so patients get the rest they need.

A common patient complaint is the noise associated with cleaning, which often takes place during hours Veterans are trying to sleep. At Malcom Randall, housekeeping tasks are done at times other than early morning or at night. Likewise, respiratory therapy

hospitals protect patients' sleep. At the Bay Pines VA Medical Center, generous donors help the VA provide comfort kits to patients that include ear plugs and sleep masks.

On selected wards at the James A. Haley Veterans' Hospital, overhead pages are limited to emergency communication thanks to Vocera, a hands-free, voice-controlled device that caregivers wear around their

necks to communicate between staff and patients quickly and quietly. At Haley, Vocera is just one aspect of the hospital's multi-faceted "Shhhh" Campaign to reduce noise.

In VISN 8 hospitals, caregivers are focused on respecting Veterans' need for quiet. Some of the other ways VA reduces night-time noise and distractions include the following.

Hallway lights are dimmed at night—lighter lighting levels encourage softer speaking. Cell phones and pagers are placed on

vibrate, and TVs in patient rooms are tuned to soothing music on the relaxation channel.

Caregivers use their "inside" voices—they don't shout down the hallway and they watch how loudly they talk to people on telephones. They ask patients for permission to close their doors when leaving their rooms. Heavy doors block a lot of noise from the hallway. **VA**



*The James A. Haley Veterans' Hospital in Tampa, Fla., has a comprehensive "Shhhh" campaign to reduce noise for hospital patients.*

services are provided at times that minimize night-time disturbances.

Since these steps were taken, hospitalized Veterans report they are significantly less bothered by noise on these units and are more satisfied with their inpatient experience.

Lowering telephone ring volumes at nursing stations, making changes to the way meals are delivered, providing headphones for Veterans who want to watch television, and replacing noisy wheels on carts are all ways VISN 8

By Susan Wentzell



# Putting Veterans to Work

*From job fairs to conferences and special programs, VA is committed to helping Veterans find employment.*

**W**ith the success of its recent “Hiring Fair” in Washington, D.C., which resulted in more than 500 tentative job offers for Veterans, VA is looking at ways to expand the Department’s traditional hire-a-vet program with major Veteran-focused career fairs throughout the country.

More than 4,000 Veterans attended the 13-hour career fair Jan. 19 at the Walter E. Washington Convention Center in the nation’s capital. About 2,600 Veterans participated in interviews with public and private employers.

Participating federal agencies included the departments of Homeland Security, Defense, Interior, Agriculture, Labor and EPA. They were joined by more than 20 private-sector partners, such as Microsoft, Lockheed Martin, Citigroup, Safeway, Washington Metropolitan Area Transit Authority, Philadelphia Police Department, Johns Hopkins Hospital, and JPMorgan, among others.

About 700 Veterans created online accounts for VA benefits or received information about VA’s extensive array of programs for Veterans. Thirty homeless Veterans were referred to care.

At the fair, VA showcased its VA for Vets ([vaforvets.va.gov/Pages/default.aspx](http://vaforvets.va.gov/Pages/default.aspx)) program, which provides an online “high-tech” and “high touch” approach to recruiting, hiring, and

reintegrating Veterans into civilian careers. VA for Vets offers the most advanced integrated military skills translator and career assessment tool available in the federal sector. It includes a resume builder, search engine and avatar-based technology that connects deployed service members to VA during their operational missions. In the coming months, VA intends to

ment,” said VA Assistant Secretary for Human Resources John U. Sepúlveda. “First, translating and marketing their skills and experience gained during military service into language that civilian employers can understand, and, second, navigating the complex federal hiring process. VA for Vets helps them address both.”

Currently, Veterans make up 30



*More than 4,000 Veterans attended the career fair held in Washington, D.C., in January*

ROBERT TURTIL

make VA for Vets technology available to other federal agencies.

“Veterans face two barriers to finding careers in the federal govern-

ment of VA’s total workforce and VA Secretary Eric K. Shinseki has set a goal to increase that total to 40 percent. **VA**



## National Veteran Small Business Conference

The National Veteran Small Business Conference, the government's premier event for Veteran-owned small businesses, will be held at Detroit's Cobo Center June 25-29.

A "VA for Vets" Hiring Fair will also be held during the conference for Veterans looking for careers in the public and private sectors. The conference is expected to attract thousands of Veterans, business owners and federal employees.

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

Last year's National Veteran Small Business Conference and Expo in New Orleans drew almost 5,000 attendees, and more than 6,000 participants are expected this year.

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

Registration for the conference opened Jan. 27. More information is available at [www.nationalveteransconference.com](http://www.nationalveteransconference.com).



ROBERT TURTEL

*VA Secretary Eric K. Shinseki gave the keynote address at a ribbon-cutting to launch an internship program to prepare newly-retired Veterans for careers as federal contracting specialists at the VA Acquisition Academy in Frederick, Md., in January. Twenty-three Veterans are enrolled in the inaugural class of interns.*

## 'Warriors to Workforce'

A special internship to prepare newly-retired Veterans to become federal contracting specialists was launched recently at the VA Acquisition Academy in Frederick, Md.

"I'm pleased to welcome our new interns to the VA family," said Secretary of Veterans Affairs Eric K. Shinseki, who gave the keynote address Jan. 19. "These Veterans know the importance of integrity, and have learned to work together in diverse teams to accomplish difficult objectives. Those are skills we value in our professional acquisition corps."

Called "Warriors to Workforce," the internship is a three-year program. Participants will earn the 24 educational credits in business required to become contracting professionals. The program includes courses in leadership, technical acquisition training and on-the-job experience.

"This program is possible because of VA's steadfast commitment to Veteran employment," said Lisa Doyle, chancellor of the VA Acquisition Academy. "These Veterans have served and sacrificed, and it is our turn to give back by making sure they have gainful employment when they return. We hope this program will serve as a model for other federal agencies and private organizations."

At graduation, participants will have taken the required coursework to achieve a Federal Acquisitions Certification in Contracting, which is recognized throughout the federal sector as evidence of solid education in the career field. Successful graduates will be eligible for contract specialist positions at the GS-11 level.

In the past two years, the government's contracting force has shrunk, although the volume and complexity of contracts has increased. VA opened its Acquisition Academy in September 2008 in response to the growing shortage of contracting professionals, both in VA and other federal agencies.

Twenty-three Veterans are enrolled in the inaugural class of the "Warriors to Workforce" internship. Between them, they have seven Purple Hearts, two Bronze Stars and more than 170 years of military experience.

More information about VA's Acquisition Academy is available at [www.acquisitionacademy.va.gov](http://www.acquisitionacademy.va.gov).





## *VA sports office challenges Veterans to ReDefine their lives through adaptive sports.*

**F**irst you've got to find the strength to get out of bed. Then you've got to summon the courage to venture outside, beyond the safety of your home. But the hardest part, according to many Veterans who have suffered traumatic injuries, is overcoming the fear of failure and trying something completely outside your comfort zone.

Eric McDaniel Jr., a former Army Special Forces sergeant, knows how to step outside his comfort zone. Since suffering a stroke and brain injury in 2005 while training at Fort Bragg, N.C., McDaniel has pushed the limits

of his physical and mental capabilities through a steady stream of sporting activities. His drive has taken him to the top level of elite competition—training for the U.S. Paralympic Rowing Team.

McDaniel's enthusiasm for sports and competition was evident from the moment he joined the transitional day program at the James A. Haley Veterans' Hospital in Tampa, Fla., in 2007, according to physical therapist Barbara J. Darkangelo. "He had the same kind of drive and determination that you would see in a world-class athlete," she recalled. He dove into

each and every sporting activity with intensity—trying running, cycling, and track and field events.

He quickly took up residence in the adaptive sports program at the Tampa VA—literally jogging there nearly every day to learn about new sports. It was there that recreation therapist Jennifer A. Day invited him to attend an adaptive rowing clinic. The clinic is one of many events her

*Above: After suffering a stroke and brain injury while training at Fort Bragg, N.C., former Army Special Forces sergeant Eric McDaniel Jr., practically took up residence in the adaptive sports program at the Tampa VA and discovered his passion for rowing.*

office schedules throughout the year to introduce Veterans to adaptive sports and engage them in physical activity.

Rowing became McDaniel's new passion, and since 2009, he has been training under the direction of Karen Lewis, head coach of the U.S. National Adaptive Rowing Team. It's her job to find the best adaptive rowing athletes in the United States and prepare them for international competition.

She has watched as McDaniel grew into the sport. "He's gone from a complete novice to a dominating force in the boat," she said.

Selections for the U.S. rowing team that will compete in the Paralympic Games in London are in June. Paralympic competition takes place Aug. 31-Sept. 2 on the lake at Eton Dorney near London.

*Vanguard* caught up with McDaniel on his way to Charlottesville, Va., where he trains with the Virginia Rowing Association. His speech may be affected by his stroke, but McDaniel had no trouble conveying his excitement as he described a typical day in his life.

"Wake up early, at 6 a.m. Get on the water. Train, train, train, every day," he said. When pressed to describe what he enjoys about rowing, McDaniel said it helps him focus and gives him a sense of peace and inner

harmony. His advice to other injured Veterans: "Training helps; it gives you something to focus on. Try it and stick with it."

McDaniel's optimism is something that VA's Office of National Veterans Sports Programs and Special Events hopes to instill in other disabled Veterans. The office, which oversees VA's national adaptive programs like the Wheelchair Games and Winter Sports Clinic, as well as VA's Paralympic grant program and allow-



ance payments for elite athletes like McDaniel, is refocusing its efforts to encourage Veterans to get involved in their communities and redefine their potential.


The office's new brand—Mission ReDefined—resonates with Veterans who have suffered debilitating injuries while in their physical prime. The idea, according to the office's director,

Christopher J. Nowak, is to engage Veterans early in their rehabilitation and give them a renewed sense of purpose and hope for the future. "Adaptive sports have a long history in VA and our objective is to challenge Veterans to redefine their capabilities, set goals, train and compete in their communities," explained Nowak.

VA Secretary Eric K. Shinseki had a similar message when he addressed recently-injured Veterans attending the 2011 Summer Sports Clinic at the Admiral Kidd Club in San Diego on Sept. 18. "Take what you learn here, continue to move forward, live an active life—not just this week, but every day hereafter. You may have been injured, but life isn't over because of that injury," Shinseki told a packed room.

To that end, the VA national sports office is implementing a number of initiatives in 2012, including the Rehabilitative Adaptive Sport Training Conference, which was held Jan. 24-27, at the U.S. Olympic Training Center in Colorado Springs, a five-day advanced ski clinic for Veterans at Arapahoe Basin resort in Colorado, April 22-27, and continued support for community and regional adaptive sporting events.

And the emphasis on sports and activity isn't limited to elite athletes like McDaniel. Sports and recreation can benefit Veterans of all ages and abilities, according to Nowak, who encourages Veterans to set goals like give up the smokes, clean up their diet, and get involved in community sporting programs.

To learn more about VA adaptive sports, visit [www.va.gov/adaptivesports](http://www.va.gov/adaptivesports). The site has an adaptive sport club finder searchable by zip code, information on Olympic Opportunity Fund grants for community events, and monthly allowance payments for Veterans who meet eligibility standards. 

By Matt Bristol

## Adaptive Sports Study

A 2009 Disabled Sports USA survey revealed that Veterans report real value from participation in adaptive sports. This survey of 1,108 adults with disabilities found:

- Physically active adults with disabilities report that exercise has helped them not only obtain a job but also to advance in the workplace.
- Respondents who are active in sports believe that sports-related exercise is beneficial in ways that extend beyond the physical gains. This includes improvement in physical and mental health, and quality of life.
- Those who are physically active also enjoy socializing more, have a strong support network, and are more likely to say they look forward to the rest of their lives than those who are physically inactive.

The full report is here: [www.dsusa.org/pdf-files/surv/dsusa-srv09.pdf](http://www.dsusa.org/pdf-files/surv/dsusa-srv09.pdf).

# A Tighter Bond: SNOWBOARDER'S VERSION

*When Navy Veteran Cory See lost his leg in a motorcycle accident, he thought his snowboarding days were over.*

Cory See began snowboarding about the same time he started learning his ABCs.

"I think I was 6 when my mom gave me my first tiny snowboard for Christmas, and then it became kind of a tradition," he recalled. "I'd get a new board every year. As I got older, I really started to get into it, going off jumps and just being a crazy teenager."

See and his friends would make a snowboarding pilgrimage to Vermont every winter. "I was very competitive," he said. "I spent all my time snowboarding at the parks with rails and jumps and other fun things to get hurt on."

But when See lost his leg in a motorcycle accident last June, he wondered if his snowboarding days were over.

"I don't remember much of anything" about the accident, he said. "I found out that a guy in a wheelchair, a homeless Veteran, flagged down the next car and had them call 911."

See met his wife, Cristina Tobon, in the Navy while both were stationed in Norfolk, Va.—he as a boatswain's mate and she as a master at arms—and were married in September 2010. See left active duty in March 2008 and Tobon in June of the same year. Tobon became a VA police officer in her hometown of Miami and remained part of the military by joining the Navy Reserve.

With his wife attending the VA Police Academy in Little Rock, Ark., See awoke in a trauma center to a friend telling him what had happened. His left leg was amputated below the knee and half his kneecap had been crushed.

Having both served in the Navy, See and Tobon understand what the Marines call 'esprit de corps' and the Army the 'band of brothers.' Regardless of the label put on it, that willingness to unselfishly aid a fellow service member in need gives Veterans a depth of camaraderie that links one to another in a way that is unparalleled.

That bond extends to family members, as well. It certainly exists between See and Tobon.



*Cory See with his wife, Cristina Tobon, a police officer at the Miami VA Medical Center.*

LARRY GILSTAD



Following See's accident and because he didn't have medical insurance, Tobon had to, in her words, take some steps and make some sacrifices.

"I volunteered to go on active duty to Afghanistan so he can have full medical coverage through the VA. I'll be gone for a year," said Tobon.

As a result, See's medical requirements are covered under VA's Civilian Health and Medical Program, or CHAMPVA.

"When I came to the Miami VA, I was greeted with nothing but smiles," he said. "They would ask what happened to you, can I help you, do you need to go here, do you need to go there. I felt like I was a star. I believe everybody experiences that. The VA is a very friendly place."

See received a new prosthetic from VA last December. He plans to attend the 26th Annual National Disabled Veterans Winter Sports Clinic in Aspen, Colo., in March, along with 11 other Veterans from the Miami VA.

"A prosthesis will never replace your own leg, but our Veterans deserve the best and here in Miami that's what they get," according to Physical Therapist and Miami VA Healthcare System Amputee Clinic Coordinator Rafael Hernandez. "Cory's only 23 years old and eager to get back on his feet, to function as normally as possible, so I pushed him to the limit."

"He does push me," See said of Hernandez. "He wants the best for me so he does push me to overcome my limitations. And I've overcome every one he's given me. He found ways to make the exercises more difficult for me, to give me more of a challenge. If I couldn't run, he'd make me jog," See added with a smile.

The difference in treatment, and especially the attitude of the staff, was apparent from their first visit, said Tobon.

"Rafael didn't let him give up. But it wasn't just one therapist, one

doctor ... it was the Amputee Team that first met with him and explained everything in detail. It was amazing."

For Hernandez and his team, success is measured in small steps—in this case, steps that look just like any other person with two functional legs.

"I'm able to give back to these Veterans the ability to function as a regular person," said Hernandez. "To come here in a wheelchair, not even making one step and then get out of the wheelchair, progress to the walker, then the cane, then nothing at all ... that's rewarding."

See seems to have inherited Hernandez's commitment to Veterans. When asked if he had considered police work, he said, "I fumbled with it a bit. But I'm really interested in studying medicine and becoming a physical therapist like Rafael."

See will be studying the physics of snowboarding with a prosthetic when he attends the Winter Sports Clinic. Stepping onto a snowboard for the first time since his amputation has raised a few concerns.

"The way you strap onto a snowboard with your boots, it's kind of fixing your ankle to begin with," he said. "I was worried about ankle movement because that helps with carving and turning and stability.

"When I thought about it," he continued, "I really don't see too much of an issue, especially because I'm not 'goofy' (those who water ski or snowboard with their right foot forward). A lot of my turning and control is with my right [foot]. So I think I'll be comfortable."



LARRY GILSTAD

*Cory See works with Miami VA Healthcare System Amputee Clinic Coordinator Rafael Hernandez.*

See is looking forward to trying some of the other activities available at the Winter Sports Clinic: "Archery and shooting, definitely, and hopefully snowmobiling ... that's fun.

"My wife wants me to have a good time. But I'm pretty cautious now. Once you lose something ... I can't really afford to get hurt anymore so I'm very cautious with everything that I do—even crossing the street, I do it on a different beat," said See with a laugh.

"I've done very well with my recovery so I'm looking forward to at least maybe helping another Veteran out with snowboarding or maybe the thought process—mental encouragement to face the challenge," a concept of caring and empathy See and Tobon understand very well. **VA**

*By Larry Gilstad*

## Secretary Shinseki Among the First to Receive REdI Training

VA Secretary Eric K. Shinseki was one of 43 participants to receive lifesaving training in the first of four Resuscitation Education Initiative, or REdI, classes held Jan. 11 at VA Central Office.

REdI is a national program to standardize, document, track and monitor the provision of Advanced Cardiac Life Support, Basic Life Support and Advanced Trauma Life Support training throughout the VA health care system. REdI is a business unit within the Simulation Learning Education and Research Network, or SimLEARN, program.

Using American Heart Association guidelines, REdI's purpose is to give critical train-the-trainer support to provide training to large numbers of VA medical center clinical and non-clinical employees.

Principal Deputy Under Secretary for Health Dr. Robert L. Jesse addressed the first class. In his remarks, he introduced participants to the REdI program and emphasized the importance of being prepared for emergencies and know-



VA Secretary Eric K. Shinseki performs chest compressions on a mannequin during Resuscitation Education Initiative (REdI) training at VA Central Office on Jan. 11. The Secretary and 42 other VACO staff members were trained in basic life support that day. Next to him is Mary Fakes, REdI program manager, who led the training.

them should an emergency situation arise and they need our assistance," said Secretary Shinseki. "For staff members who don't normally work with

in a crisis, at least until the professionals arrive," said Meeson. "This is an added tool for 'work-family balance,' in my book."

training for non-health care staff for witnessed emergencies and use of the automated external defibrillators in and out of medical center/clinical settings can be effectively taught to VHA non-clinical staff through VHA's use of the American Heart Association Family & Friend CPR program."

The REdI program is based with SimLEARN in Orlando, Fla., and is recruiting resuscitation education staff to help train other instructors at the VAMC training centers. Those instructors will then provide REdI training to front-line staff across the VA health care system.

To learn more about REdI, go to [vaww.ees.lrn.va.gov/Training/REDI](http://vaww.ees.lrn.va.gov/Training/REDI). To learn more about SimLEARN, visit [www.simlearn.va.gov](http://www.simlearn.va.gov).

***"For staff members who don't normally work with our patients, this is a wonderful opportunity to learn how you can help save a life, whether at work or at home."***

ing where automated external defibrillators are and how to use them.

Secretary Shinseki also talked about his own personal experiences with emergencies and stressed the importance of knowing what to do when they happen.

"This initiative is important to anyone in the Veterans Health Administration who works with our Veterans to make sure we have the ability to provide lifesaving care for

our patients, it is a wonderful opportunity to learn how you can help save a life, whether at work or at home. I urge you to participate in these classes when you have the chance."

Deborah Meeson is executive assistant to the chief financial officer in VHA. She attended the 3 p.m. REdI training session.

"The training was terrific, and on a personal note, I can say I feel much relieved to have some skill to help



## FY 2013 Budget Request Tops \$140 Billion for Veterans Programs

With more than 1 million active-duty personnel scheduled to join the ranks of America's 22 million Veterans during the next five years, the President has proposed a \$140.3 billion budget for the Department of Veterans Affairs for the fiscal year beginning Oct. 1.

"As our newest Veterans return home, we must give them the care, the benefits, the job opportunities and the respect they have earned, while honoring our commitments to Veterans of previous eras," said VA Secretary Eric K. Shinseki.

Shinseki said the budget proposal, which must be approved by Congress, would fund services for newly discharged Veterans, continue the drive to end homelessness among Veterans, improve access to benefits and services, reduce the disability claims backlog, improve the Department's collaboration with the Defense Department and strengthen its information technology program, vital for delivering services to Veterans.



VA Secretary Eric K. Shinseki testifies before the House Veterans Affairs Committee. With him at the table are (from left): Under Secretary for Memorial Affairs Steve Muro; Under Secretary for Benefits Allison Hickey; Under Secretary for Health Robert Petzel, M.D.; Executive in Charge for the Office of Management Todd Grams; and Assistant Secretary for Information and Technology Roger Baker.

ROBERT TURTEL

The budget request includes \$64 billion in discretionary funds, mostly for medical care, and \$76 billion for mandatory funds, mostly for disability compensation and pensions.

If approved by Congress,

the new spending levels would support a health care system with 8.8 million enrollees and growing benefits programs serving nearly 12 million service members, Veterans, family members and survivors, including the eighth largest

life insurance program in the nation; education benefits for more than 1 million Americans; home loan guarantees for more than 1.5 million Veterans and survivors; plus the largest national cemetery system in the country.

### In Memoriam: Edward J. Derwinski

VA's first Secretary of Veterans Affairs, Edward Joseph Derwinski, lost his battle with cancer Jan. 15 at the age of 85. Derwinski was appointed by President George H.W. Bush and served America's Veterans from March 15, 1989 to Sept. 26, 1992.

"I consider the new Department to have a vital mission. In fact, it is so vital that there's only one place for the Veterans of America: in the Cabinet Room, at the table with the President of the United States of America," said Derwinski during his swearing-in ceremony.

Derwinski was a World War II Army Veteran who served in the Pacific theater of operations and in post-war Japan. A Soldier and a patriot, Derwinski was an exuberant public servant, serving the citizens of the 4th Congressional District of Illinois faithfully and with great distinction and compassion for 24 years as a member of the House of Representatives. He also served as the Under Secretary of State for Security Assistance in 1987 and was a Delegate to the United Nations. Derwinski was buried at Arlington National Cemetery.



Edward J. Derwinski

## VA's Home Loan Program Continues to Lead Mortgage Industry

Home loans guaranteed by the Department of Veterans Affairs continue to have the lowest serious delinquency and foreclosure rates in the mortgage industry. Veterans have also taken advantage of their home loan benefit in record numbers, as VA loan originations reached their highest total in eight years.

Last year, VA helped 72,391 Veterans and service members who were in default on their mortgage loan retain their homes or avoid foreclosure, an increase from 66,030 the previous year. At the same time, foreclosures on VA guaranteed loans dropped by 28 percent.

According to the Mortgage Bankers Association National Delinquency Survey, VA's foreclosure rate for the last 14 quarters and serious delinquency rate for the last 11 quarters have been the lowest of all measured loan types, even prime loans.

In fiscal year 2011, VA guaranteed 357,594 loans, an



*ROBERT TURTEL*  
Army Veteran Fernando Samaniego, a program analyst with Benefits Assistance Service in VA Central Office, took advantage of his home loan benefit to purchase his home, where he lives with wife Celeste, daughter Mercedes and son Hunter.

increase of nearly 14 percent over last year. There are currently more than 1.5 million active VA home loans. The

program makes home ownership more affordable for Veterans, active duty service members and eligible surviv-

ing spouses by permitting no-downpayment loans and by protecting lenders from loss if the borrower fails to repay the loan.

Much of the program's strength stems from the efforts of VA employees and loan servicers nationwide, whose mission is to ensure all Veterans receive every possible opportunity to remain in their homes, avoid foreclosure, and protect their credit from the consequences of a foreclosure.

"We are committed to making even more Veterans and service members aware of this important benefit and delivering the assistance they deserve when financial difficulties arise," said VA Under Secretary for Benefits Allison A. Hickey.

For Veterans and service members who have trouble meeting their mortgage obliga-

## Make the Connection: Shared Experiences and Support for Veterans Online

Make the Connection, a new campaign launched by VA, is creating ways for Veterans and their family members to connect with the experiences of other Veterans—and ultimately to connect with information and resources to help them confront the challenges of transitioning from service, face health issues, or navigate the complexities of daily life as a civilian.

The campaign's central focus is a website, [www.MakeTheConnection.net](http://www.MakeTheConnection.net), featuring numerous Veterans who have shared their experiences, challenges and triumphs. It offers a place where Veterans and their families can view the candid, personal testimonials of other Veterans who have dealt with and are working through a variety of common life experiences, day-to-day symptoms, and mental health conditions. The website also connects Veterans and their family members with services and resources that may help them live more fulfilling lives.

At [MakeTheConnection.net](http://MakeTheConnection.net), Veterans and their family members can explore information on mental health issues and treatment—and easily access support—in comfort and privacy, anywhere, anytime. Visitors to the website can customize and filter their online experience, directly connecting with content that is the most relevant to their own lives and situations.

VA's Make the Connection campaign is raising awareness through public service announcements, advertising, and partnerships with veterans service organizations and mental health service providers nationwide. For more information, visit [MakeTheConnection.net](http://MakeTheConnection.net) or VA's mental health services website at [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov).



## Bruce the Therapy Dog

The Community Living Center at the West Palm Beach (Fla.) VA Medical Center now has a new, full-time staff member. His name is Bruce. He's 2 years old. He likes to hug.

"When Bruce enters a resident's room, the first thing he does is lay his head on their bed so they can pet him," said Bruce's handler, VA Chaplain Gary Leopard. "If they're in a wheelchair, he lays his head on their leg. He's also trained to hug. He puts his paws over the resident's shoulders, and the resident gets to hug him."

Bruce the Therapy Dog, a 62-pound black Labrador, started work at the 120-bed VA Community Living Center on Dec. 19. He's already the most popular staff member there.

"Before we had Bruce, I'd walk down the halls here and everyone wanted to see me," Leopard said. "Now the only one they want to see is Bruce. 'Where's Bruce?' they all ask. 'Is Bruce with you today?'"

"They all want Bruce to 'shake hands' with them," the chaplain added. "They want to shake his paw, but he doesn't know how to do that yet. We're working on that."

Leopard said he also brings Bruce to the 10-bed hospice wing of the Community Living Center. "It's really something to see, the way Bruce approaches these residents, especially the ones closest to death," he said. "He senses it. He lays his head on

their bed, even if they can't respond. He tries to get as close to them as he can. He'll nuzzle them."

Bruce and Leopard put in a full day at work, punching in at 7:30 a.m., Monday through Friday, and leaving at 4 p.m. "We visit as many residents as we can," Leopard said. "Today we saw about 60 or 70. When they see Bruce, they always want to share stories about their own pet dog at home, or pet dogs they've had in the past."

"I had a long-haired dachshund, when I was in Germany," said 78-year-old Charles Filler, a resident at the Community Living Center. "We had that dog for his entire life. I don't have a dog now."

But in a way, Filler does have a dog, as do all the other residents at the center. "Whenever we see Bruce, everything changes," Filler said with a smile. "That dog just took right to me."

Dr. Deepak Mandi, chief of staff at the West Palm Beach VA, confirmed the instant bond that occurred between Filler and the black Lab. "Bruce licked his face for almost a whole minute!" Mandi said. "Bruce is definitely improving the quality of life of our residents here at the Community Living Center. He fits right in. He is a very busy dog. And a very loved dog."

But nothing is ever perfect. Bruce, like everyone else,



*Bruce the Therapy Dog and Charles Filler, a resident at the VA Community Living Center in West Palm Beach, Fla., get to know each other.*

has an Achilles heel. "We really have to watch what he eats," Mandi said. "We have to watch his weight. The residents are always trying to sneak treats to him."

Dr. Michael Silverman, chief of Geriatrics and Extended Care at the West Palm Beach VA, said Bruce the Therapy Dog makes the Community Living Center seem less like an institution and more like a home, which is what VA strives for. "Bruce gives our residents something to look forward to," Silverman explained. "He lifts them up."

Silverman said the unconditional affection provided by a pet can help alleviate the loneliness and depression that can sometimes overtake someone staying at a Community Living Center, or any

nursing home, for that matter. "Everyone here wants to spend time with Bruce," he said. "He brings them joy, warmth and companionship."

Bruce was donated to VA by Vets Helping Heroes, a nonprofit based in Boca Raton, Fla., that pays to have service dogs trained to interact with disabled Veterans.

The organization's founder, 89-year-old Irwin Stovroff, is a World War II Veteran who flew Liberator bombers. He started Vets Helping Heroes in 2007 after learning that no federal funding is available to provide service dogs to disabled Veterans returning from Iraq. His organization has since donated about 65 dogs to disabled Veterans all over the United States.

*-Tom Cramer*

### Home Loans (cont.)

tions or anticipate problems in the near future, VA first recommends contacting their loan servicer.

Depending on the situa-

tion, VA's loan specialists can intervene on a Veteran's behalf to help pursue home-retention options such as repayment plans, forbearances and loan modifications. Veterans and service members can also call

VA toll-free at 877-827-3702 to speak with a VA specialist concerning foreclosure avoidance.

Since 1944, when home loan guaranties were first offered under the original GI

Bill, VA has guaranteed more than 19.4 million home loans worth more than \$1.1 trillion. More information about the VA Home Loan Guaranty Program is available at [www.benefits.va.gov/homeloans](http://www.benefits.va.gov/homeloans).



## Cancer Killers: Stopping Tumors By Cutting Off Their Blood Supply

In 1856, a French clinician named Trousseau made a curious observation: He noted that many cancer patients had excess blood clotting. They would often develop clots in leg muscle veins—a condition called deep vein thrombosis—or in other areas of the body.

Today, more than 150 years later, the connection between cancer and excess clotting is still largely a mystery to scientists. Does one condition raise the risk of the other? No one can say for sure. But the link is an intriguing clue for researchers like Mahesh Sharma, Ph.D., director of the Laboratory of Geriatric Endocrinology and Metabolism at the Washington, D.C., VA Medical Center. He thinks the pathways involved in blood clotting may point to an important target for new cancer drugs.

“These are very old observations—this isn’t new,” says Sharma. “I’m just trying to put a puzzle together.”

One thing scientists know for sure is that cancer is a hungry disease. It needs new blood vessels to feed it. When a solid tumor grows in the breast—or in the liver, kidney, colon, prostate, pancreas, or other organs—it is “off the grid,”

**“These are very old observations—this isn’t new. I’m just trying to put a puzzle together.”**

in a sense: It is cut off from the body’s existing network of blood vessels. To grow and spread, the cancer demands its own “supply route” in the form of new blood vessels.

Clotting goes hand in hand with the growth of new vessels, also known as neoangiogenesis. When a clot forms in a vein or artery, the



ROBERT TURTEL

*Drs. Mahesh Sharma (left) and Marc Blackman are exploring ways to cut off cancer’s blood supply and thereby “starve it to death.”*

body instinctively fears a life-threatening stroke or heart attack. It sets in motion a cascade of proteins to break down the clot—and to restore blood flow around the area of the clot, as an extra precaution. “This is nature’s response

to protect the host from the catastrophe of blood clotting,” says Sharma.

This restoration of blood flow includes the formation of new blood vessels. And this, notes Sharma, “is just what the cancer wants.” In fact, cancer unleashes proteins to aid the clotting and neoangiogenesis process. In essence, it hijacks

the body’s biochemical pathways for its own gain.

Researchers worldwide are attacking the problem from many angles. Sharma’s studies over the past decade have led him to focus on a protein called annexin 2, part of the

clotting pathway. It helps make an enzyme, plasmin, that acts like a scissor to cut existing vessels with clots. This in turn triggers blood cells to form new vessels.

Unlike other proteins involved in this chain reaction, annexin 2 appears to be activated only when cancer is present. That makes it a prime

target for a cancer-killing drug.

When Sharma’s group tested breast tissue taken from 150 women with breast cancer, they found “consistently that annexin 2 is correlated with disease progression. Higher levels of annexin 2 correlated with more blood vessels forming, leading to more invasive and metastatic cancer.” In contrast, women without cancer showed no annexin 2 in their breast tissue.

Other studies around the world support the idea that annexin 2 is a key culprit in cancer. In one German trial, researchers found that the higher the level of annexin 2 in patients’ tumors, the sooner the patients succumbed to the disease.

Sharma believes that if

annexin 2 can be blocked—thereby stopping the growth of new blood vessels to support the tumor—the cancer will starve to death.

His lab has developed synthetic antibodies to do the job. They block annexin 2 and thereby thwart the production of plasmin, the enzyme that causes new blood vessels to grow.

Specifically, the type of antibodies being used are monoclonal antibodies, so named because they are copied from one type of antibody found naturally in the human immune system. They seek out and destroy one protein—in this case, annexin 2, or ANX II for short.

In a recent mouse ex-

periment by Sharma's group, sponsored by the Department of Defense, the antibodies had a dramatic effect. "There was a 60 to 70 percent reduction in angiogenesis and tumor growth," says Sharma. The findings appear in the February issue of *Experimental and Molecular Pathology*.

The study used a technique called xenografting: Human breast tumors were transplanted into mice that were genetically engineered to lack an immune system, so they could not reject the foreign tissue. The method is thought to be more useful than studying an agent's effect on cancer cells in a Petri dish, or on a tumor that originates within an animal. Still, there's no telling

at this point how the therapy would actually work in people. Further studies will be needed before Sharma's group can test the therapy in a human clinical trial.

In fact, even as he looks optimistically to the future of his anti-ANX II antibodies, Sharma sounds a note of caution: He warns that while the mice in his lab showed no adverse effects from the therapy, it could potentially cause complications in humans. For example, it could interfere with normal blood clotting. He admits that there would be little advantage in beating back cancer if the patient would become at risk from bleeding to death from a wound—as in hemophilia.

"These are important questions to answer," acknowledges Sharma.

For now, his group wants to try to replicate findings from studies such as the German trial mentioned above by following patients being treated for breast cancer. How closely do their levels of annexin 2 predict their survival rate? Are the levels tied to genetic factors such as the presence of the breast cancer risk genes BRCA1 and BRCA2?

Sharma notes that while annexin 2 clearly plays a role in many forms of cancer, he plans to stay focused on breast cancer, especially in light of VA's growing population of women Veterans.

- VA Research Currents

## Dr. Mark Beilke: On the Cutting Edge of AIDS Research

He remembers the yellow isolation gowns, the protective masks and gloves, and several deaths among young people from unusual infections.

It was 1982 at what is now the Jesse Brown VA Medical Center in Chicago, where Dr. Mark Beilke was a medical resident.

Unbeknownst to him and many others, they were at the cusp of the AIDS crisis in America, and were trying to figure out what it was, how to treat it, and if there could be any hope for those infected.

"We suspected AIDS was caused by a virus, but we didn't have a test for it," he said. "All we knew is young men were coming to us with swollen glands and significant weight loss. Some were dead within six to 12 months with severe complications—pneumonia, weight loss, diarrhea, blindness and dementia.

"My understanding of microbiology at the time told me that it was most likely not an airborne disease, but we just did not know."

Beilke is now the chief of infectious diseases at the Milwaukee VA Medical Center, and he said the world—with VA's help—has seen tremendous strides in the treatment and lifespan of those with AIDS.

Beilke now treats about 100 Veterans at the Milwaukee VA for HIV or AIDS, along with fellow physician Dr. David Wagner, infectious diseases pharmacist Jamie Winner, and three infectious diseases fellowship trainees. The patients range in age from mid-20s to 70s.

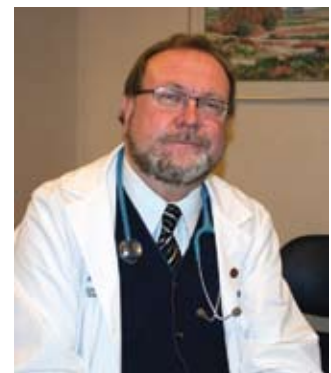
With ongoing treatment and research, he said, AIDS is now a manageable, chronic illness.

"The median age is about

40 or 50, but the older Veterans were probably diagnosed a long time ago, and have the same complications as others their age, such as cardiac and pulmonary issues and diabetes," Beilke said. "The thought today is that, 'Yes, you can have a normal lifespan.' The medications are so effective, but that hinges on the individual taking their medication at least 95 percent of the time, and coming in for treatment.

"In a lot of ways, this can be like high blood pressure, which is a silent killer," he added. "You can walk around for years without any symptoms, and then you have a stroke or kidney disease. That's another reason why the VA has urged all Veterans to come in and get tested at least once, so this can be caught and treated early. I start by telling new patients that it is very easy to control this infec-

tion, just like we control high blood pressure and diabetes. A lot of it involves education—how they protect themselves and how they protect others, and taking care of themselves.



Dr. Mark Beilke

It's a very holistic approach."

He said attitudes have changed from the dark, early days when people with the disease were shunned, and doctors often talked of no hope of



a breakthrough.

It took an admission from basketball great Magic Johnson that he had HIV, the virus that causes AIDS, and stories about children like Ryan White, who got the disease from a blood transfusion and was forced to move from his neighborhood, for people to change their attitudes.

Still, into the 1990s, it was considered a virtual death sentence.

“That began to change around ’96, when drugs came down the pipeline that delayed onset and helped treat patients,” Beilke said.

AZT was the first to offer hope, but until 1996 it required patients to swallow 15 or more pills a day. Some reacted badly to the high doses, with severe muscle aches and other issues.

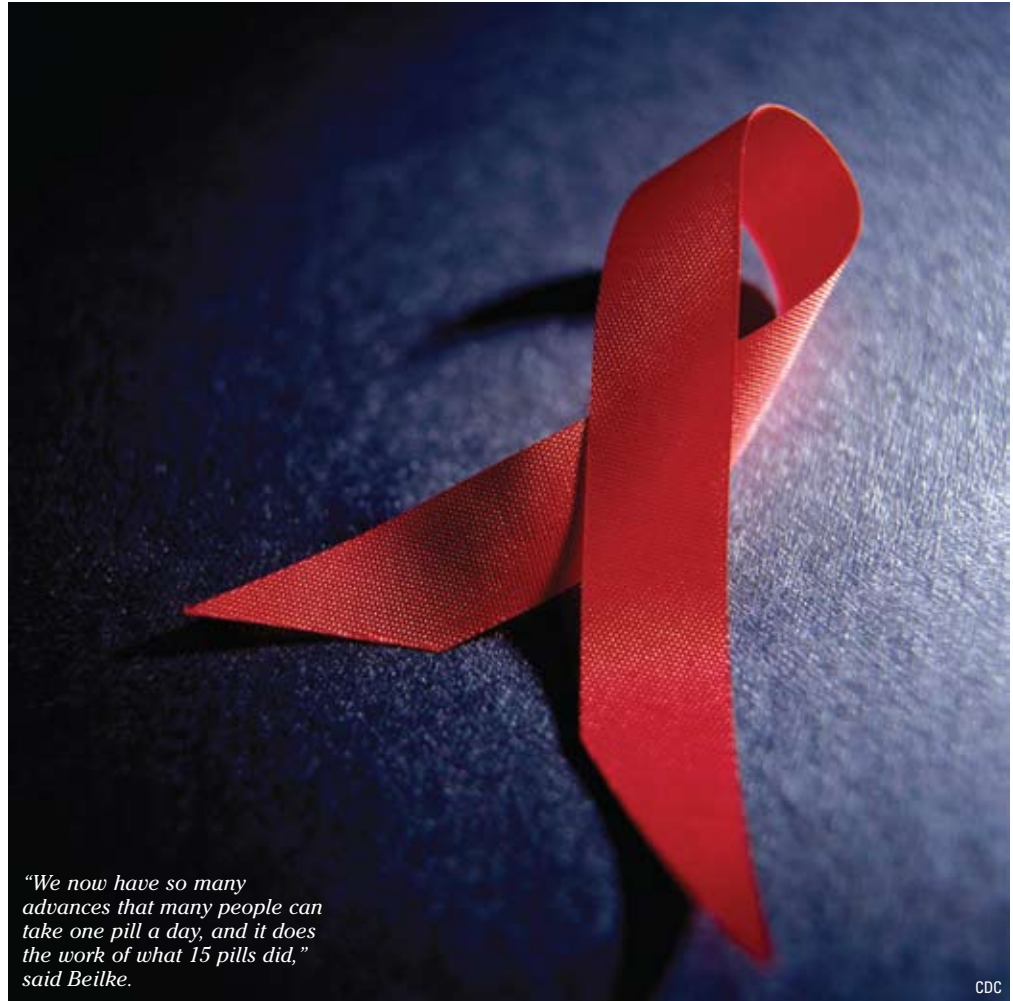
“For some, the side effects were worse than the disease,” Beilke said.

In 1996, researchers began developing different treatments, and less toxic medicines soon became available.

“There was a great deal of political pressure, and a lot of lobbying to address this issue,” he said. “People were working very hard. It’s interesting if you were to look at this on a graph. The number of people dying from AIDS continued to go up. Then once 1996 came around, there was a plateau and it start going down.

**“Even if a vaccine protected only 50 percent of people, many of us would be happy with that. It might not be perfect, but it would have tremendous impact.”**

“We now have so many advances that many people can take one pill a day, and it does the work of what 15 pills did,” he continued. “Those who have AIDS see that Magic Johnson is living an active life,



and realize they can live an active life too.”

The one downside is that some think they no longer have to worry about the disease.

“That trend has been seen in some large, metropolitan areas,” he said. “People are as-

suming the medicines are so good that if they get it, they can take the medicine and be fine. So in some of the higher-risk populations, where we see people participating in risky sexual behavior, we are seeing

an uptick [in new diagnoses].”

Beilke’s own research, along with that of others, provides hope that one day a cure might be found. Working with a grant, he and others have been able to discover that those who carry the T-leukemia virus called HTLV—

a distant relative of HIV—fare better in the long-term.

“That virus doesn’t lead to AIDS, but we are studying how it interacts with HIV,” he said. “My research indicates that in some people, this

counter-affects HIV. We have to understand more about why that happens.”

He said the Gates Foundation and National Institutes of Health still put forth a great deal of money to find more advances in the fight against AIDS.

“[A cure] is still a possibility,” he said. “There are hints that some newer vaccines in development protect against infection. Even if a vaccine protected only 50 percent of the people, many of us would be very happy with that. It might not be perfect, but it would have tremendous impact, especially in parts of the world like Africa where the infection rate is so high.”

- Gary Kunitz

## Second Lady Visits VA Palo Alto Health Care System

Dr. Jill Biden, wife of Vice President Joe Biden, recently visited the VA Palo Alto Health Care System's Polytrauma Rehabilitation Center to learn more about VA's role in the continuum of care for service members injured in Iraq and Afghanistan. Dr. Biden, a military mother herself, has made it her mission to bring awareness to the plight and sacrifice of America's military families.

"This visit is part of First Lady Michelle Obama's and my ongoing work on our Joining Forces initiative," said Dr. Biden. "This initiative aims to bring Americans together to recognize, honor and take action to support Veterans and military families as they serve our country and throughout their lives."

In addition to being briefed on the Polytrauma System of Care, Dr. Biden also learned how VA is meeting Veterans' mental health needs, viewed the new PTSD app, and met with injured service members and their families.



CURT CAMPBELL

*Pfc. Geoffrey Quevedo, 20, explains to Dr. Jill Biden that VA staff are friendly and he never fails to wave and say hi as he passes them in the hallway. Quevedo was severely injured by an improvised explosive device in Afghanistan in November 2011. His mother, Ana Quevedo, joined him to meet and talk with the second lady at the VA Palo Alto Health Care System's Polytrauma Rehabilitation Center.*

## Free Gun Safety Locks Available to Houston Veterans

The Michael E. DeBakey VA Medical Center in Houston is participating in a Gun Safety Lock Program that has made thousands of free gun locks available to Veterans and their families. The gun locks are simple to use and can be demonstrated by any member of the DeBakey VA Police Service upon request.

Firearm safety has become an increasingly high priority in the Veteran population. "As a suicide prevention tool, having a gun lock reduces the impulsivity of the action. It creates an extra step that might prevent a suicide from occurring," said DeBakey VA Suicide Prevention Coordinator Kathy Molitor. Gun locks protect the lives of not only Veterans, but their family members as well, particularly young children who could potentially discover unlocked firearms. The gun locks are provided by Project ChildSafe, the nation's largest and most comprehensive firearm safety program, which has been implemented in VA medical centers nationwide since 2008.



QUENTIN MELSON

*"I think the free Gun Safety Lock Program is a great deterrent," said Houston VA Police Chief Stanley Staton, above demonstrating how to use a gun lock. "It gives someone who is thinking of ending their life extra time to think about it and hopefully, realize tomorrow might be a better day."*

## VA Employees Earn Master's Degrees at Their Workplace

Twelve VA employees are part of the first graduating class of Catholic University's Metropolitan School of Professional Studies—earning Master of Science in Management degrees.

As part of its commitment to working with partners to bring world-class programs and training resources to VA employees, the VA Learning University requested and coordinated the degree program to offer classes at VA Central Office. In response to VALU's request, Catholic University tailored the program for VA employees and launched it in March 2010. It focuses on management concepts and practices to help them excel in their careers and become effective leaders.

The curriculum combines a foundation of strong academic principles with practical knowledge and real-world skills relevant to any VA employee who maintains, or is assuming, managerial responsibilities. The graduates will receive their diplomas at the commencement ceremony on May 12. To find out more about the MSM program, visit [metro.cua.edu/VA](http://metro.cua.edu/VA).



**Widow Donates \$10,000 to Oklahoma Hospice Program**

On Oct. 16, 2011, Oscar Warren Sparks died at the Jack C. Montgomery VA Medical Center in Muskogee, Okla. But Sparks' legacy lives on thanks to a generous \$10,000 donation from his widow to the Muskogee VA's Hospice Program on Dec. 2.

Sparks, an Army Air Corps Veteran who served as a pilot with the 314th Fighter Squadron, had been shot down during his 96th mission and held as a prisoner of war in Germany until World War II ended. Following his return home, Sparks and his wife, Amy, settled in Oklahoma with their two daughters.

When Sparks died, Amy, a Navy WAVES Veteran herself, decided to show her appreciation for VA's care. "Warren and I have received services from the VA for several years," she said. "I figure we have had the best medical care anybody in Oklahoma could have and I admire the employees so much."



*Amy Sparks presents a check to Jack C. Montgomery VAMC Acting Director Bryan Matthews and the Hospice Program.*

GARY STRANGE

**Replacement Civil War Monument Dedicated at Cave Hill National Cemetery**

The heroic German-American soldiers who lost their lives in the Battle of Rowlett's Station in 1861 will continue to be commemorated for generations to come thanks to a successor to the original 32nd Indiana Infantry Monument that the National Cemetery Administration dedicated in a special ceremony Dec. 16 at Cave Hill National Cemetery in Louisville, Ky. The replacement monument stands in the same location where the original stood for more than 140 years.

The dedication concluded a nine-year effort by NCA historians to preserve the original monument and to replace it with a successor.

After the Battle of Rowlett's Station in Hart County, Ky., Pvt. August Bloedner carved the original monument from St. Genevieve limestone to mark the interments of fellow soldiers in the 32nd Indiana Infantry who fell in the battle. The soft, porous material deteriorated over time and, by the early 2000s, approximately 50 percent of the inscription was lost. To preserve what was left of the monument, NCA transferred it to the University of Louisville, where it received professional conservation.



*The ceremony featured a rifle salute with period weapons by the Sons of Union Veterans of the Civil War.*

CHRIS ERBE

NCA moved the original monument to its new home at the Frazier History Museum in Louisville on Aug. 18, 2010, after extensive renovation. The replacement was created by Nicholas Benson, a third-generation stone carver from Newport, R.I.

**Texas Medical Center Offers Rural Law Enforcement Community Outreach Program**

Air Force Veteran Bill Fly, 41, was having a bad year. When he was stopped for driving under the influence in Carson County, Texas, a deputy told him about the Amarillo Vet Center and the counseling for post-traumatic stress disorder and substance abuse it offered.

What Fly didn't know was that the deputy had recently met with Amarillo VA Medical Center police officers conducting rural outreach to local law enforcement.

The VA police, Lt. Ray Almager, Officer Eric Sanchez, Capt. Adolph Ramos and Officer Ascension Martinez, made contact with local law enforcement agencies in their catchment area during the last fiscal year. They gave briefings on PTSD, suicide prevention, substance abuse, and enrollment, along with folders containing VA information.

"That saved my life," Fly said. "Honestly, I would be dead right now if not for going to the VA. The toughest thing I ever did was walk up there and say I needed help."

### Day of Healing in the Everglades for Florida Veterans

The power of nature to help heal is well documented, especially for those recovering from the invisible wounds of war, such as post-traumatic stress disorder and traumatic brain injury. In South Florida, nature is nearly synonymous with one of the largest protected natural wonders in the United States—the Everglades.

Recently, wounded Veterans from the Miami VA Healthcare System were invited by the Airboat Association of Florida to spend a day in the Everglades. The event brought Veterans and their families into the heart of the “River of Grass” for a day of food, music, prizes and airboats.

“What makes an event like this so special is the community involvement,” said Tabitha Aragon, recreation therapist at the Miami VA. “By partnering with the airboat association, we are able to get our Veterans involved in activities and outings that they wouldn’t otherwise be able to.”

This event is one example of a growing partnership between the Miami VA and organizations dedicated to preserving the Everglades. “We were so excited to do this for these Veterans,” said Mary McKinney, of the AAOF. “We are already looking forward to next year so we can do it again.”



Wounded Veterans from the Miami VA were recently treated to a unique therapeutic outing on the Sunshine State’s “River of Grass.”

SHANE SUZUKI

### IDES Program Simplifies Disability Evaluation Process for Service Members

The VA Hudson Valley Healthcare System’s Montrose Campus is the first VA facility to welcome soldiers before they become Veterans. The Integrated Disability Evaluation System, or IDES, program at Montrose will streamline the process for service members being medically evaluated before leaving active service.

Medical staff from Keller Army Community Hospital at the U.S. Military Academy at West Point will work with Montrose clinicians and experts from the Veterans Benefits Administration’s New York VA Regional Office, simplifying the disability evaluation process by eliminating duplicate disability exams and ratings.

At right, Lt. Gen. David H. Huntoon Jr., Academy superintendent, looks on as Gerald Culliton, director, VA Hudson Valley, signs the memorandum of understanding to establish IDES at Montrose. Also at the signing are Col. Beverly Land, D.O., commander of the USMA’s Keller Army Community Hospital, and Sue Malley, director of the New York VA Regional Office.



STAFF SGT. MATTHEW LEARY

### VA, NFFE Reach Agreement on New Union Contract

VA and National Federation of Federal Employees officials reached final agreement recently on a new national collective bargaining agreement, their first since 1997.

“This agreement with our partners at NFFE will enable VA and our employees to focus on the important job ahead—providing world-class care and services to the men and women who have served in uniform,” said VA Secretary Eric K. Shinseki.

About 6,000 professional VA employees are eligible for NFFE membership. The signing ceremony took place Jan. 19 at VA Central Office in Washington, D.C. This was the final step in the Master Agreement negotiation process, which highlights the Secretary’s commitment to collaborative labor-management relations in VA.

Among the provisions of the contract: language that should help expedite mid-term bargaining; commitment by the parties to resolve disputes without involving third parties; and enhanced collaboration with union officials on work-related issues.



**Top Cops in Indianapolis**

The Richard L. Roudebush VA Medical Center in Indianapolis can lay claim to two of VA's best: its best police chief and its best police officer.

In early February, Chief Robert Venekamp was chosen from among other police chiefs at VA facilities across the nation as the best for 2011. Soon after, the medical center also learned that one of its 27-member police force, Sgt. Christopher Lord, had been chosen as the VA Police Officer of the Year for 2011 out of 3,500 VA police officers.

Venekamp, a 23-year Air Force Veteran, was nominated by the acting medical center director for reducing the number of reported thefts, weapons-related incidents and workplace violence. The 39-year-old Lord, an Army Veteran, was nominated in part for an investigation that led to an arrest and the confiscation of two pounds of marijuana and distribution paraphernalia.



PATRICK L. FISHER



PATRICK L. FISHER

Top: Chief Robert Venekamp, right, talks with Sgt. Jonathan Churchill; above: Sgt. Christopher Lord, right, and Gerard Goodbold, an Army Special Forces Veteran, chat during Lord's tour of duty.

**Paralyzed Veterans of America Recognizes Houston VA Employee**

Physical therapist John Kertz, who works in the Spinal Cord Injury Center at the Michael E. DeBakey VA Medical Center in Houston, was named Employee of the Year by the Texas Chapter of Paralyzed Veterans of America. Kertz was presented this award in recognition of his outstanding dedication, commitment and service to Veterans.

Kertz has been a VA employee and a member of the medical center team since 2000. "I am so pleased that John is being recognized by PVA. His knowledge, enthusiasm and dedication to the medical center's Spinal Cord Injury rehabilitation program are outstanding. He shows exceptional commitment to educating patients and their families, as well as educating trainees and community outreach," said Sally A. Holmes, M.D., Spinal Cord Injury Care Line executive. A graduate of the University of St. Thomas in Houston, Kertz also completed his master's in physical therapy at Texas Woman's University.



John Kertz

**Federal Top 100 Includes Nine VA Employees**

Nine VA employees are among the top 100 leaders in the IT industry, according to the "Federal 100" created by *Federal Computer Week*.

"Savvy use of information technology is vital to VA's transformation," said Secretary of Veterans Affairs Eric K. Shinseki. "IT allows Veterans to check online for their medical appointments, prescriptions and benefits. IT allows VA to be quicker, more economical and more responsive across a wide range of services."

This year's top federal IT leaders were selected for their pivotal roles in the federal government IT community and how the federal government acquires, develops and manages IT.

VA's honorees are: Deputy Secretary W. Scott Gould; Charles J. De Sanno, executive director of Enterprise Infrastructure Engineering; Lisa Doyle, chancellor of the VA Acquisition Academy; Charles Hume, deputy chief of the Office of Health Information; Peter L. Levin, senior advisor to the Secretary on IT; Wendy J. McCutcheon, associate executive director of the VA New Jersey Health Care System; Jeff Shyshka, deputy chief information officer; Maurice C. Stewart, associate deputy assistant secretary for Acquisition & Logistics Programs & Policy; and Stephen Warren, principal deputy assistant secretary for the Office of Information and Technology.

### Atlanta Nurses Rise to the Top of Their Field

Five Atlanta VA Medical Center nurses were recently presented 2011 Nurse of the Year awards by the Georgia March of Dimes. The winners are: Mary Roberts, RN, for Behavioral Health; Rita Walker, RN, for General Medical/Surgical Services; Ora Douglass, RN, for Hospice, Home Health & Palliative Care; Marie Mompoint, RN, for Nursing Administration; and Zina Floyd, RN, for Long Term Acute Care/Rehabilitation.

“The Atlanta VA Medical Center is honored to have five winners in the 2011 March of Dimes Nurse of the Year Awards,” said Sandy Leake, RN, associate director for Nursing and Patient Care Services. “All our winners and nominees epitomize the highest levels of professionalism, commitment and compassion in caring for our Veterans.” The five were selected from nearly 500 for their tireless work to provide care, comfort and support to patients in the community.



Left to right: Ora Douglass, Mary Roberts, Marie Mompoint, Zina Floyd and Rita Walker.

ANN HAMILTON

### Montana Adjutant General Recognizes VA Employees

Three employees from the VA Montana Health Care System were recognized by the Montana Adjutant General for their work supporting Montana's airmen, soldiers and their families. Marcy Steffy, Doug Wright and Phay Lloyd, from VA Montana's Operations Enduring Freedom, Iraqi Freedom and New Dawn program office, received the Montana Adjutant General's Distinguished Patriot Medal at a ceremony last fall.

Their “selfless dedication and commitment to all Veterans” have made them invaluable assets to the state and the nation, wrote Brig. Gen. John Walsh, Montana Adjutant General, in the citations accompanying the award. “This was truly a team effort,” Lloyd said. “I want to thank all of the many individuals in the different departments that assist our office every day to provide this outstanding care to our Veterans.”

The three assist Veterans who have served in OEF/OIF/OND, and also serve Veterans who have sustained polytrauma or traumatic brain injury. Lloyd is the program manager and has been a nurse for more than 27 years. Wright is the transition patient advocate and is retired from the Air Force. Steffy is a registered nurse case manager and has been a nurse for 16 years.

### VA Nurse Named DAISY Award Recipient for Extraordinary Care

It takes an extraordinary nurse to care for America's Veterans. Sue Needham, intensive care unit nurse manager at the VA medical center in Omaha, Neb., earned special recognition as a DAISY Award recipient last fall.

The DAISY Award for Extraordinary Nurses was started in honor of Patrick Barnes, who died at age 33 from an auto-immune disease. During the eight weeks he spent in the hospital, his family was touched not only by the nurses' clinical skills, but by the kindness and compassion with which they delivered care. According to the DAISY Foundation website, the goal of the award is to ensure that nurses know how deserving they are of society's profound respect for the education, training, brainpower and skill they put into their work, and especially for the caring.” For more information about the DAISY Award for Extraordinary Nurses, visit [www.daisyfoundation.org](http://www.daisyfoundation.org). Needham was one of 24 nurses submitted for the award.

### Network Director Receives Top Marks in Executive Excellence

Michael Finegan, director of Veterans Integrated Service Network 11, was recently presented the John D. Chase Award for Executive Excellence at the 117th Annual Meeting of the Association of Military Surgeons of the United States.

“Michael Finegan's distinguished career in the Department of Veterans Affairs, including serving as chief financial officer and VA facility director, clearly demonstrates a level of sustained and progressive leadership which has contributed to improvements in the organization's ability to carry out the mission of providing high quality health care for Veterans,” said VA Under Secretary for Health Dr. Robert A. Petzel.

Finegan oversees a health care network of eight VA medical centers and 27 outpatient clinics covering more than 90,000 square miles in Illinois, Indiana, Michigan and Ohio. Finegan has been employed with VA since 1990. The award is named after Dr. John D. Chase, who was chief medical director of the Veterans Administration from 1974 to 1978.



**Nurse Tops 2012 VA Under Secretary for Health's Excellence Awards List**

Denise Cochran, RN, was presented the 2012 Under Secretary for Health's Excellence in Clinical Simulation Training, Education and Research Practice award in January.

As the Simulation Center coordinator for the Malcom Randall VA Medical Center in Gainesville, Fla., she was recognized for her many contributions in the field of clinical simulation. Among her accomplishments was leading the creation of a simulation center for medicine, nursing, surgery, anesthesia and respiratory therapy. Known as the Interdisciplinary Simulation Education Center (ISEC), this center has had an impact on patient safety issues throughout the Gainesville VAMC using simulation techniques.

She also developed simulation-based education and training to resolve these issues, and assists in the development of simulation-based curriculum for training residents and students, and provides simulation instructor training. Thus far, thousands of clinicians and other staff have benefited from the available ISEC training. Six hundred alone were trained last year in Advanced Cardiac Life Support. To learn more about the VHA SimLEARN program, visit [www.simlearn.va.gov](http://www.simlearn.va.gov).



GERALD SONNENBERG

*SimLEARN National Medical Director Haru Okuda, M.D., presents Denise Cochran, RN, with the 2012 Excellence in Clinical Simulation Training, Education and Research Practice Award during the VHA breakout session of the International Meeting of Simulation in Healthcare Jan. 29.*

**Missouri Hospital Tops in Helping Veterans Land Jobs**

On Valentine's Day, 10 mid-Missouri organizations, including the Harry S. Truman Memorial Veterans' Hospital, received "Flag of Freedom" awards signed by the governor of Missouri.

The awards were in recognition of successful participation in the Show-Me Heroes initiative, which helps connect Veterans with job opportunities in Missouri. The program was established in January 2010 and is coordinated by the Missouri National Guard and Missouri Division of Workforce Development. Since then, more than 1,700 employers have taken the Show-Me Heroes pledge and more than 1,300 Veterans have been hired.

The "Flag of Freedom" award is given in recognition of an organization's efforts in reaching out to and employing Veterans and members of the National Guard and Reserve. Since January 2010, 105 Veterans have been hired at the medical center in Columbia, Mo.



WAYNE MEYER

*The Harry S. Truman Memorial Veterans' Hospital received a "Flag of Freedom" award for hiring Veterans. Left to right: Jason Schmitt, Human Resources specialist; Jimmy Powell, Human Resources director; and Sallie Houser-Hanfelder, medical center director.*

**VA Chaplain Receives Distinguished Service Award**

Chaplain Benson Thomas, of the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Miss., received the J. Obert Kempson Distinguished Service Award at the 2011 Association of Clinical Pastoral Education Southeast regional convention last fall. Thomas is the first African-American to receive the award, named after James Obert Kempson, who served as the chief chaplain for 47 years for the South Carolina Department of Mental Health.

"Chaplain Thomas was quite deserving," said Chaplain Jasper Keith, current regional director of the ACPE's Southeast Region, "not only for his work with Veterans in these last few years, but he has helped us all understand the cultural impact on education and ministry."

Thomas began his career in 1967 as a prison chaplain in Richmond, Va. His work includes ministries in Alabama, Texas and Mississippi. For the last four years, in addition to his duties as VA chaplain, he has overseen the pastoral residency program at the VA medical center.

## VA Staff, Ambulance Service Link Up to Aid Veteran in Tragedy

In the face of terrible tragedy, consideration and the holiday spirit helped one Veteran at Tennessee Valley Healthcare System's Murfreesboro Campus be with family as she said some final goodbyes.

Tonya Sandrell, a Veteran at the Murfreesboro Campus Community Living Center East, received word at Christmas that both her mother and 17-year-old son had been killed in a car accident. The news would be devastating for anyone, but the limitations of an incapacitating illness made the situation even more tragic for Sandrell. She assumed she would have to miss the funeral.

Sandrell, 45, is debilitated with multiple sclerosis. Just speaking is a laborious task for her, so for the bedridden Veteran, traveling 100 miles away from the community living center she calls home would be arduous.

Sharon Lyons, a nursing assistant at CLC East, and other members of the nursing staff were troubled by the thought of Sandrell missing the funeral. That led them to begin calling Sandrell's family in hopes of finding someone to transport her to the funeral, but to no avail.

"She really wanted to go," said Lyons. "She kept telling the staff, 'I have to be there' and time was counting down."

Looking for a way to help, Social Worker Carol Guinn made contact with Lifeguard Ambulance Service in Murfreesboro.

"When I made the call, they were so nice," said Guinn. "They just said 'yes' and at no cost too. This company has always been accommodating, but an act like this

is definitely above and beyond. The generosity and compassion they showed makes me smile knowing there are people who care."

Once the transportation issue was resolved, the nursing staff went to work on other pressing issues, such as making sure Sandrell had something nice to wear at the funeral.

Jennifer Tyree, another nursing assistant at the facility, provided her a dress appropriate to wear to the funeral.

"There was nothing that day more important to the staff than ensuring Ms. San-

drell was ready to go," said Tyree. "The staff all came together doing the things required: getting her dressed, fixing her hair, even ensuring her bed was comfortable with extra padding for the day. We all just wanted to make it as easy as we could for her."

Lyons volunteered to go with Sandrell to assist her for the day. Everything was now in place to transport her on a two-hour journey to the funeral.

With Lyons and two EMTs from Lifeguard Ambulance Service close by, Sandrell

was able to say goodbye to her mother and son and celebrate their lives with family and friends.

The two EMTs remained at the funeral service for the duration, helping to ensure Sandrell's needs were met.

"We were all happy that we could help. I was proud of everyone that worked to make this happen," said Lyons.

When asked about that day, Sandrell, with watery eyes and a smile, simply gasped and worked up the strength to say the words "it was nice ... thank you." - *Chris Conklin*

### VA Nurse Rescues Fellow Employee Off-Duty

On Jan. 26, Patty Sanchez, the assistant nurse manager for Surgery Service at the Jack C. Montgomery VA Medical Center in Muskogee, Okla., had just finished her shift and was driving to Wal-Mart when she pulled behind Karen Scott, a nurse practitioner in Medicine Service. Sanchez was waiting for Scott to pull onto Highway 69, but Scott's car sat idle for several minutes.

At first, Sanchez didn't think anything was wrong because it was 5 p.m. and the highway was filled with rush-hour traffic. "It was kind of busy, so I thought, 'oh, she's waiting on traffic,'" said Sanchez. "Then all of a sudden, I saw her put her hands up in the air." Sanchez approached Scott's car and recognized that she was having a seizure. Unfortunately, Scott's foot pressed the gas pedal and the car started to roll across the highway.

Sanchez, without regard for her own safety, followed alongside Scott's car to attempt to stop it. The car crossed two lanes of traffic, crossed the median strip and, as the car entered the third lane with northbound traffic approaching, Sanchez was able to unlock the car and put her foot on the brake. Sanchez immediately called 911 and provided medical attention to Scott until an ambulance arrived.

After moving Scott's car so it wouldn't have to be towed, Sanchez went to the Muskogee Regional Medical Center and waited in the emergency room for more than an hour until Scott's family arrived. "She's a hero," Scott said. "I'm alive because of Patty. Who else would have done that? I don't know that anybody else would have done that."



*Karen Scott, right, a nurse practitioner at the VA medical center in Muskogee, Okla., credits Patty Sanchez, an assistant nurse manager, with saving her life on Jan. 26.*





## Saluting Veterans

Country singer Aaron Tippin was among the performers donating their time to perform for Veterans across the country during the National Salute to Veteran Patients the week of Feb. 13. Tippin's concert was in Reno, Nev., on Feb. 13. The concerts are a highlight of the annual National Salute event, designed to increase public awareness of Veterans and the sacrifices they have made for the nation.